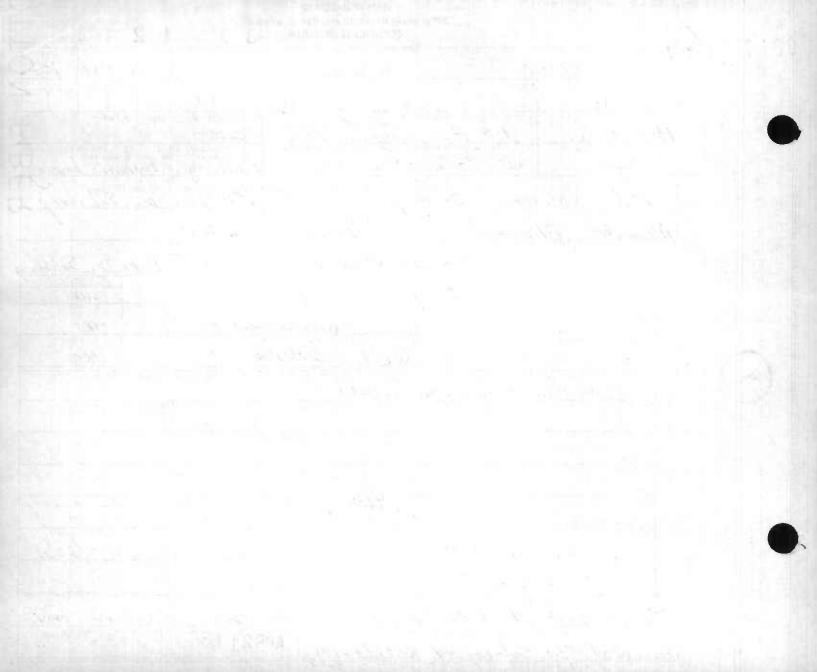
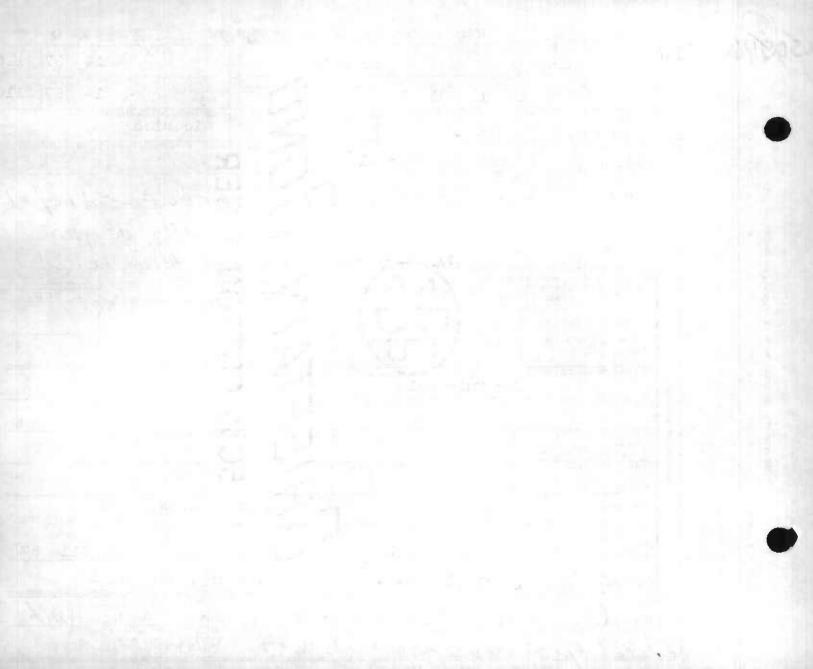
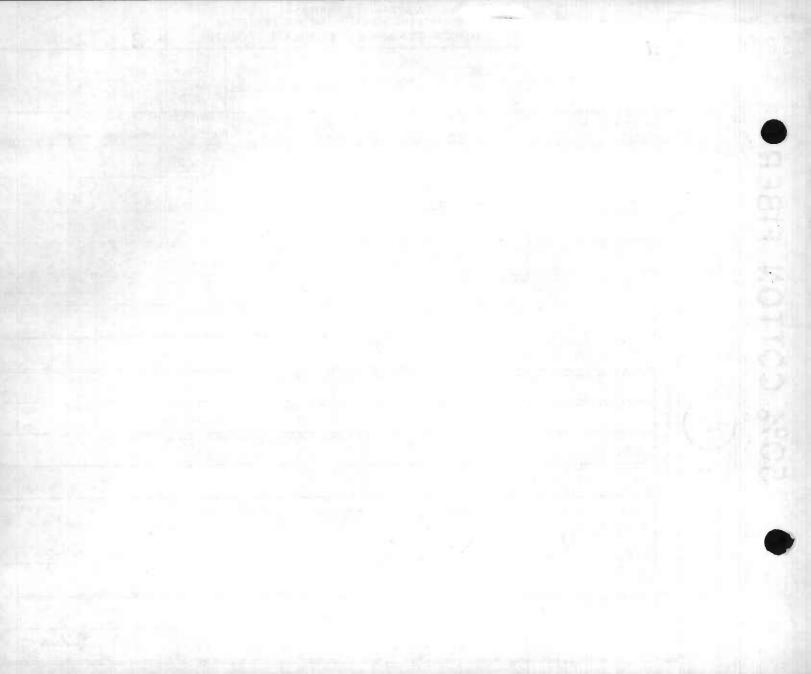
4/15



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR DECEASED NAME WINDE OR PRINT) ESTI-Arrington Ashley DEATH MATED 19 4 RACE 6 AGE (IN YEARS | IF UNDER 1 YR. | IF UNDER 24 HRS. 5. DATE OF BIRTH 2c. DATE DAY 2d HOUR Female Black LAST BIRTHDAY) PRONOUNCED 10 DEAD BIRTHPLACE DISABLOR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico DIVORCED E CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
Peninsula General FOR MOST OF WORKING LIFE) OR INDUSTRY Salisbur UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b COUNTY 13d INSIDE CITY LIMITS? STREET ADDRESS 13c CITY OR TOWN Wicomico sbury 15. MOTHER'S MAIDEN NAME N. FATHER'S NAME MIDDLE Wen 5 reen 0001 16h SOCIAL SECURITY NO 7. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL PART I DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH Broncho Pulmonary Dysplasia Yrs IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Cor Pulmonale 19s DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [NO K 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK Inspection X 220. I certify that I took charge of the remains described above, held on Autapsy Inquiry death resulted fram: Notural couses Suicide Hamicide _ Undetermined monner TITLE (SPECIFY) Debuty_MEDICAL EXAMINER 21801 Salisbury, Md. Bulkelev M.D. John ADDRESS 23c NAME OF CEMETERY OR CREMATOR Garden 07/84 25564 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE 00 **DHMH - 17** Dondo (VR A15 ME (5))



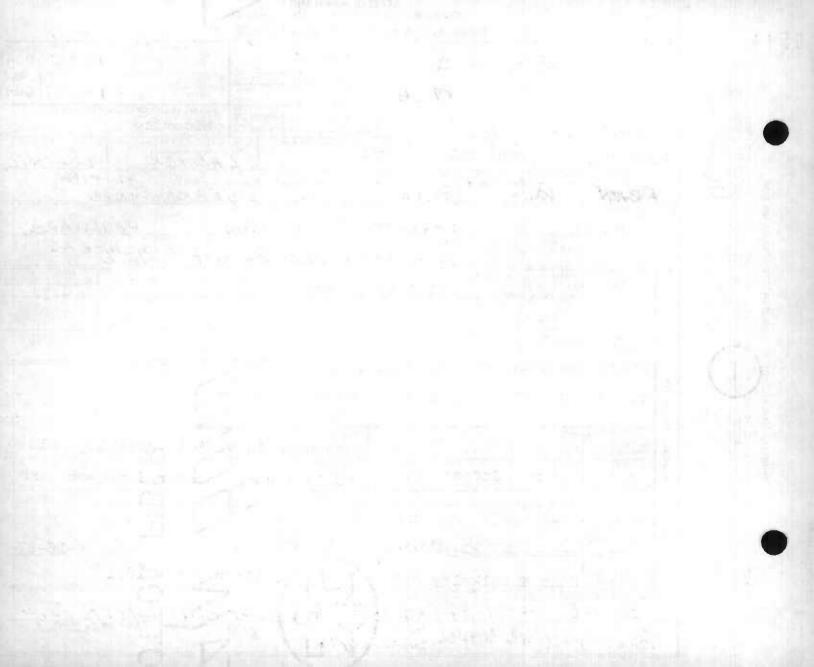
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E, MD.	S 1, 2 PM 3	D	FIRST	MIDDLE	ŁAST		15 MOTHER'S M	AIDEN NAME	MIDDLE	LAST	
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BALTIMORE	A FER FOR FOR SON	CY	es, no, or unknown) (if yes, givi	E WAR OR DATES)	213-42-0		Mary C	. Barnett	Item #	13	
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	ATE, ORW ORW IR: P.		22a I certify that I took char-	ge of the remains de	scribed obove, held on	Autopsy	Inspe	ection , Inquir	, and in m	ly apinian	
	EXAMINER: 1 ECERTIFICATE, DULD BE FORV LDIRECTOR: PH, WITH THE ST MARYLAND, 3		death resulted from Natu	oral causes X	Accident, . S	vicide .	Hamicide [Undetermined n	nonner .		
	WAR WAR		ACTUAL MINA	Alex 10. A	NO C/C 10		TITLE (SPECIFY			4 7 0	2
	ZHE SHE	1	SIGNATURE VICE	your or	-copyell	M.D	Assista	ant MEDICAL EXA	MINER SI	ATE 4-7-8	/
	WEDI CUTE CONFE		EXAMINER'S NAME (TYPE OR PRINT)	Margarita	A. Korell,	1.D.	DDRESS	111 Penn	Street		
	TO MEDICAL EXECUTE THE CIPAGE 4 SHOUL TO FUNERAL DATER DEATH, V BALTIMORE, W		URIAL, CREMATION, REMOVAL		23c. NAME OF CE			23d LOCATION			
07/84	-151		Burial	4/9/87	E. New			CITY OR TOWN			ATE
25M	DHMH - 17		UNERAL DIRECTOR	ADDRES				ATE REC'D. BY REGISTE	AR 386 REGISTRAF		
	(VR A15 ME (5))		THOMAS FUNERA	AL HOME	CAMBRIDGE	, MD.	A	11 L L L 1901	- June Due	idern-Kandala	



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 2b. HOUR 20 DATE KNOWN X TYPE OR PRINTS Barret OF ESTI-Gwendolyn 16 87 0045 4. RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE PRONOUNCED 0045 Female Black 87 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH J. BIRTHPLACE 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Wicomico WIDOWED [DIVORCED 124 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Salisbury boreR RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS IS. MOTHER'S MAIDEN NAME MIDDLE MIDDLE BARRET ADDRESS SAME AS 7. INFORMAN 64 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) HE YES GIVE WAR OR DATES! APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY Multiple Trauma davs IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? FORWARDED TO THE FORWARDED TO THE TOR: PAGE 3 SHOULD BE US TATE DEPARTMENT OF YES NO XX 210 EXTERNAL CAUSE WAS 216 TIME OF INILIRY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR Passenger in vehicle striking pole CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME, 21f. LOCATION south, Westover Somerset STRUET FACTORY FARM, ETC.) Marie WHILE AT WORK Inspection XX Inquiry X 220 I certify that I took charge of the remains described above, held on Autapsy and in my opinion Accident XX Suicide Hamicide Undetermined manner death resulted fram: Natural causes TITLE (SPECIFY) ACTUAL Deputy SIGNED 4-16-87 SIGNATURE MEDICAL EXAMINER Salisbury Md 21801 EXAMINER'S NAME John T Bulkelev (TYPE OR PRINT) PAC 230 BURIAL CREMATION REMOVAL 236 DATE 24 FUNERAL DIRECTOR 17 DHMH (VR A15 ME (5))

20M 4/82

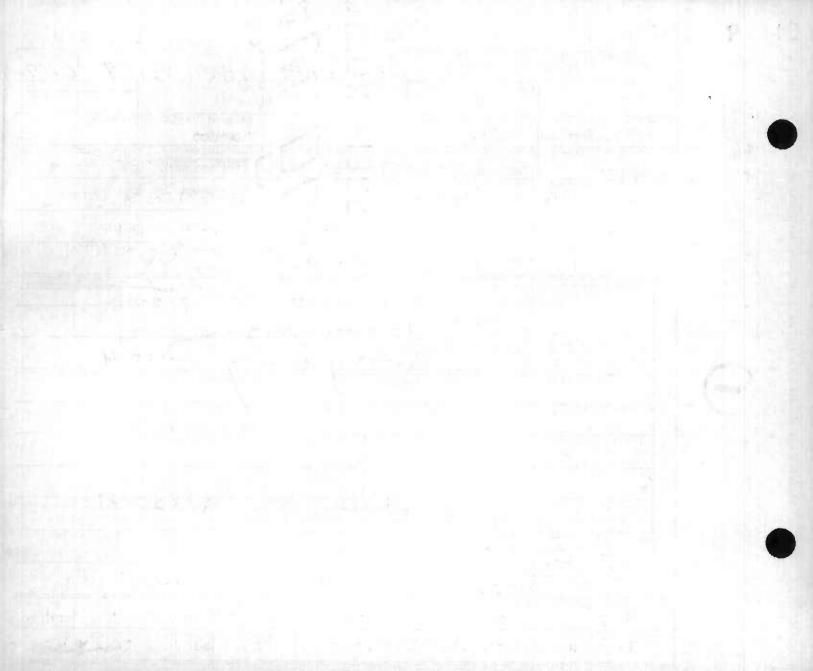
STATE OF MARYLAND

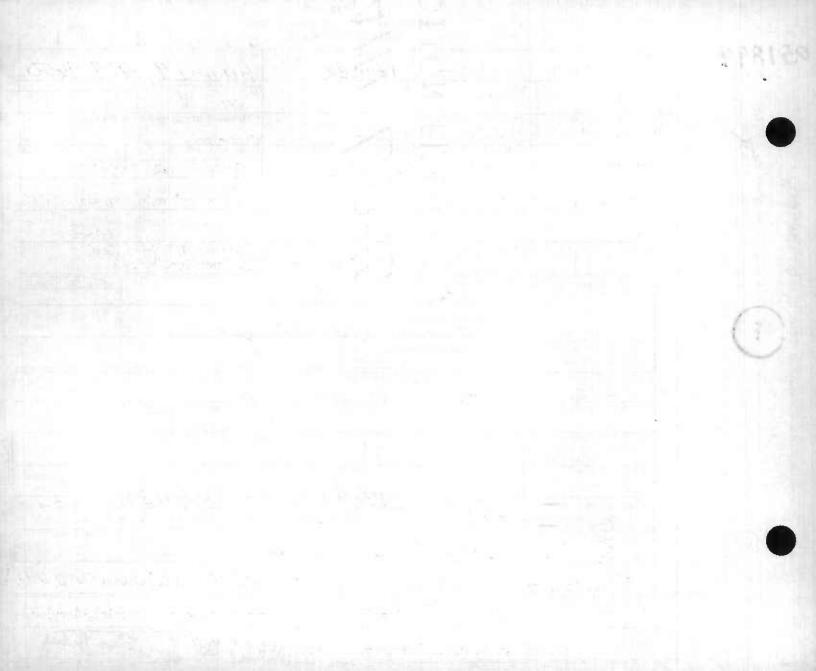


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Holloway Funeral Home, P.A., Salisbury, Maryland

DHMH - 16 60M 7/84





STATE OF MARYLAND 049670 AP 1- FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH . DECEASED NAME 20 DATE KNOWN IX 26 HOUR MONTH (TYPE OR PRINT) ESTI-DEATH MATED Martin 2356 Brewer 198 4 RACE 6. AGE IN YEARS IF UNDER 1 YR IF UNDER 24 HRS SEX 5 DATE OF BIRTH 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED 26 Male White 54 DEAD 76 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY)
Maine U.S.A. WIDOWED [DIVORCED Wicomico CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS for most of working life)
Superviser Mantenance Resources Salisbury Peninsula General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE 13% COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maine Lincoln YES X NO Boothbay Harbor Webster Cove FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRS1 LAST Carl Brewer Ruth Hatt WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT ADDRESS 005-22-8841 Rita Theriault Brewer, seesec.13 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cardiac Dysrhythmia 50 mins DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which Hypertensive Cardiovascular Disease vears gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10. 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO TO 71a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211. LOCATION STREET, FACTORY, FARM, ETC.1 CITY OF TOWN WHILE AT WORK COUNTY STATE Inspection X Inquiry X 22a I certily that I taak charge of the remains described above, held on Autopsy and in my apinion Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) ACTUAL 4-4-87 SIGNATURE EXAMINER'S NAME Bulkelev. M.D. John T ADDRESS Salisbury. 23a BURIAL, CREMATION, REMOVAL 23b DATE Burial 4-9-1987 Evergreen Cemetery Boothbay Lincoln Maine 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Baker & Bounds Salisbury, Maryland (VR A15 ME (5)) Devideon Kandall

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

BP DHMH - 16 60M 7/B4 (VRA 15, 4)

052412 MAY - 15-STATE

1 DECEASED NAME

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland

25a. DATE REC'D. BY REGISTRAR 25b DEGISTRAR'S SIGNATURA

Salisbury, Wicomico, Maryland

26 HOUR

12h KIND OF BUSINESS OR

Trust

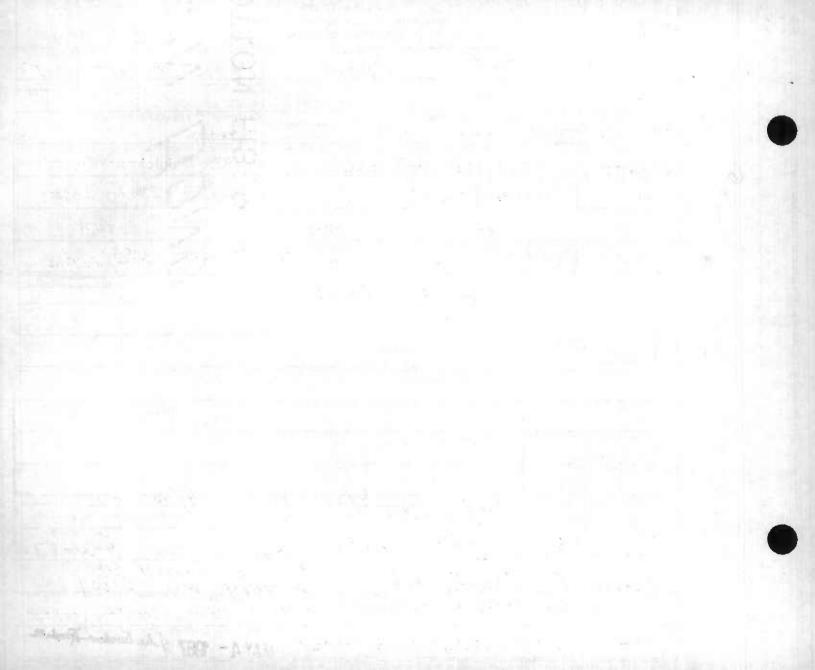
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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO [

COUNTY

22c. DATE SIGNED

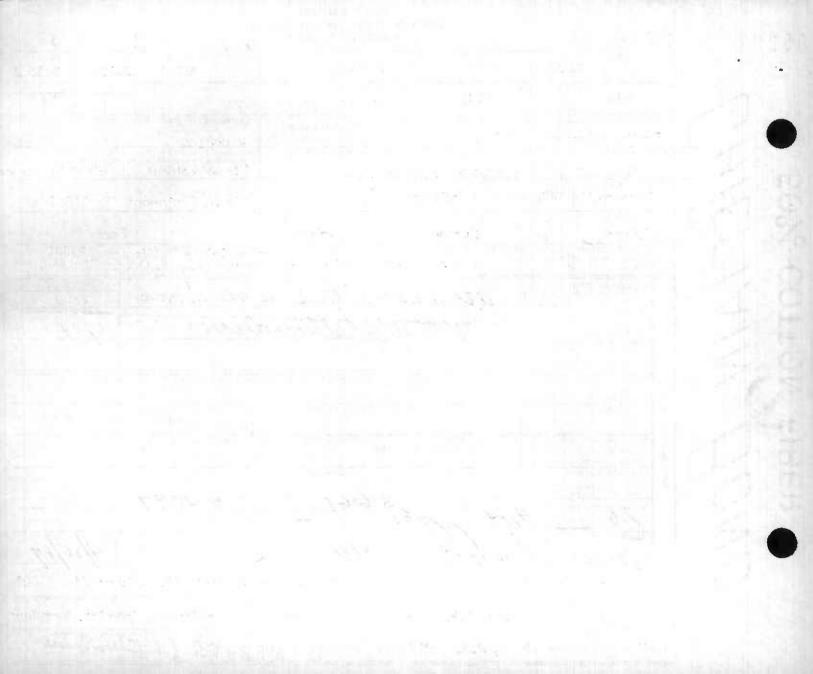


						STAT	E OF MARYLAND				
			FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE								
150	3 9	APR 1		REGISTRAR		CERTIF	ICATE OF DEATH	8 / REG. NO	124	3 4	
				CEASED NAME FIRST	MIDDLE	i	AST		MONTH DAY YEA	AR 2b HOUR	
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	offer o	1	10 CI	SALISBURY	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIM SALISBURY N	STREET ADDRESS)		12a. USUAL OCCUPATION OF WORK FOR MOST OF HOUSEWIT	WORKING LIFE) INDUS	ND OF BUSINESS OR TRY	
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BALTIMORE, MARYLAND	n 24 h	1	-		orence 131. CII y OI	rence	YES NO	911 Madiso	on Avenue	29501	
X	with d 2	10	14 FA	THER'S NAME Henry	E. Gasque	ST	15 MOTHER'S MAIDEN NA	WE		LAST	
M.	on o	18/1					Nannie			regg	
ORE,	second co	0/		VAS DECEASED EVER IN U.S. A		SECURITY NO.	17 INFORMANT Mrs.	Mabel Hanne	S(Daughter)	
IIM	ote be ex			No	25/	-96-3866	1108 Woodla	nd Road, Sal	isbury, Md.	21801	
BAL		te		18 CAUSE OF DEATH (Enter o	inly one cause per line for (a),	by ond is	1 - 1	,	BETW	PROXIMATE INTERVAL	
7	phy phy	, see		PART I. DE ATH WAS CAUSED BY. IMMEDIATE CAUSE OF COLUMN FOR MOUSES							
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STC	deat then then ve c	E 5		Conditions, if any, which	1 m OPM	216/2	es atruso,	sclerosis		you	
OK.	he o	er fro		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON	SECULENCE OF					
3	by 1	otho		underlying cause last.	(c)	SEQUENCE OF					
20	ned ned	٧. ٥.	1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PAR	I lia	
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0	beer mit.	À.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR V	N WAS PERFORMED	NDINGS USED				
- R	hos per	354	FE					YES NOT	IN CERTIFYING CAL	JSES OF DEATH?	
IIA	sicio ote onsit	8 sho	ER	21a. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR				
7	Phy Phy Phy Poly	E	_	OR CONTRIBUTING CAUSE OF DE							
N	YSK Ing Ing cei	= /	SC	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M. 21e. PLACE OF INJURY	19	211. LOCATION				
ISIC	PH tend	0 /	MEDICAL	WHILE NOT WHILE D	(AT HOME STREET, FACTORY,	OFFICE, FARM, ETC.)	STREET	City OR TO	wn COUNTY	Y STATE	
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	OR ho	1		77V SIGNATURE	1/2	,	DEGREE	MEDICAL STAT	211.0	ATYSIGNED	
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	d b	POSTA	1	1714 PHYSICIAN'S NAME THE COMMINE TO ADDRESS							
	O HO etome		-	Earl M. Beardsley, MD US 50- Civic Ave., Salisbury, MD 21801							
1.6	17/10	03	23a B	URIAL, CREMATION, REMOVA	L 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION			
14	BP 9	2	-	Burial	4/10/1987	Mt. Ho	pe Cemetery	Florence	e, Florence	South Carol	
1 4	DHMH - 16 60A	A 7/B4		INERAL DIRECTOR				E REC'D. BY REGISTRAR			
	(VRA 15, 4		F	lolľôway Funeral	Home, P.A., So	Tisbury, A	Maryland	WLK I O BO	Theres Dage		

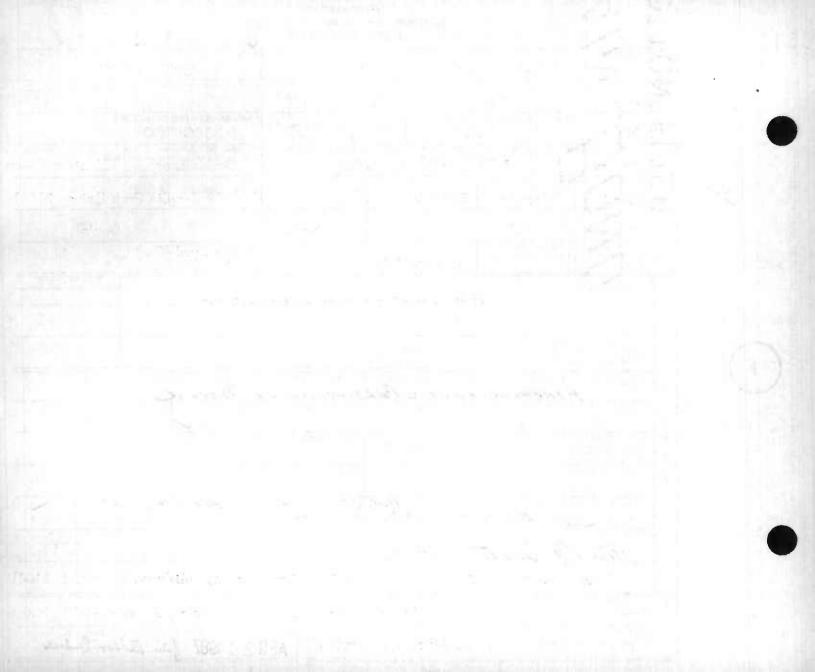
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601	▲ B 並 る 是 O o	B. SE	4 RACE	5 DATE OF BIRTH	YEAR LAST BIRTHDAY) MON	INDER TYR. IF UNDER 2	MIN PRONOUNCED	120 1100K
	S 200 8	1	M DIK	12 3	86 YRS. 4	4	DEAD	4 29 19 87 9:09 å M
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	必当品面中へ	Mr. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSE	PITAL, NURSING HOME, OR OT ILITY, GIVE STREET ADDRESS)	HER INSTITUTION	12a USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE)	OF WORK 126 KIND OF BUSINESS OR INDUSTRY
	20 - May	1	Salisbury		la General Hosp	oital	None	NA
	ANY DEL AND 3 TO RETAIN P HOULD BE RECORDS		AL RESIDENCE (IF IN NURSING HOME COUN		E RESIDENCE BEFORE ADMISSION)	113d. INSIDE CITY LIMITS?	13e, STREET ADDRESS	1 21 21821
2120	ANY DE AND 3 T RETAIN HOULD B	2	Md. W.	Comico	FruitlAnd	YES NO 🔀	209 FruiTA.	NO BY,
Mg.	起等的力	MIF	ATHER'S NAME	MIDDLE	LAST	15 MOTHER'S MAIDEN	NAME	LAST
\$	当場をあった		Michael	E	Brown	Breno	lA	Reid
IMO	1 950 PE		WAS DECEASED EVER IN U.S. AR/	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
14	ANTERS /	e-	NO		NONE	BIENDA Re	id Add. Same	: As Above
2	N N N		18 CAUSE OF DEATH (Enter on		far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2	A ERWA		PART I DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	Congenital anomali	es		
510	NA PAGE				AS A CONSEQUENCE OF			
8	E SAN ES		Canditians, if any, which gave rise to immediate					
*	N PEN N PEN		cause (a) stating the <u>under</u> - lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF			
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IVIS	DEP SED SED	MEDICAL	214 INJURY OCCURRED WHILE ON NOT WHILE OF		F INJURY (AT HOME, 211 LC	OCATION STREET	CITY OR TOWN	COUNTY STATE
۵	E, WRITIN WARDED PAGE 3 S STATE DEP		AT WORK AT WORK					
	ATE, TORVORV		220 I certify that I took charg	ge of the remains desc	ribed abave, held an Auta	psy X, Inspection	, Inquiry , on-	d in my apinian
	L EXAMINER: 1 E CERTIFICATE, DULD BE FORV. L DIRECTOR: P. H, WITH THE S'	20	death resulted fram: Natur	ral causes X.	Accident , Suicide	, Hamicide .	Undetermined manner .	
	EXAM CERTI UILD E DIRE WARY		Mari	~ A. I	16-11 1) 1	TITLE (SPECIFY)		
	A 当 と に が 、 、 、 、 、 、 、 、 、 、 、 、 、		ACTUAL SIGNATURE	re une	True on	M.DAssistant	MEDICAL EXAMINER	DATE 4/30/87
	NOR NEW SITE	1	EXAMINER'S NAME	572772 34	V /	111 5		
	TO MEDICAL EXAMINE EXECUTE THE CERTIFIED BE PAGE 4 SHOULD BE TO FUNERAL WITH AFTER DEATH, WITH BARTIMORE, MARYLL		(TYPE OR PRINT)		. Zane, M.D.	_ADDRESSIII_P		co.MD.
	PATA B	23a.8	URIAL CREMATION, REMOVAL 2	236 DATE	23c. NAME OF CEMETERY	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
07/84 25M	BP.571		Burial	5. 2 - 87	COLLUCE COOL			Somevset Md.
23/4/	DHMH - 17	24 F	UNERAL DIRECTOR	96 Chappokess	Rt & & Jerse	Y LO BLAN	6 1987	STRAR'S SIGNATURE
	/\/P A I S AME (5\)	1	JULIE 1 PICINULL	1000	3ACishanil	- APT WIAI	U 1307	diddicator Perdell

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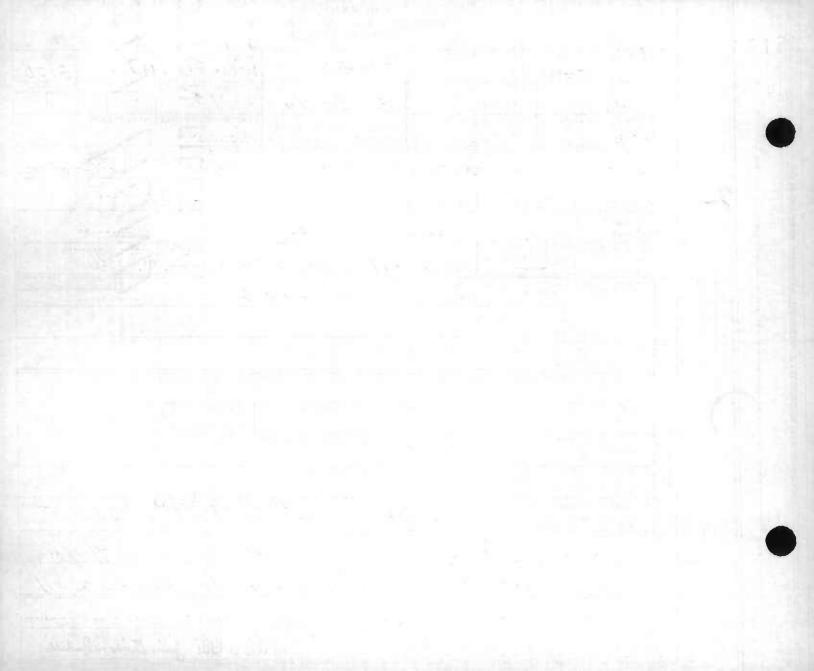
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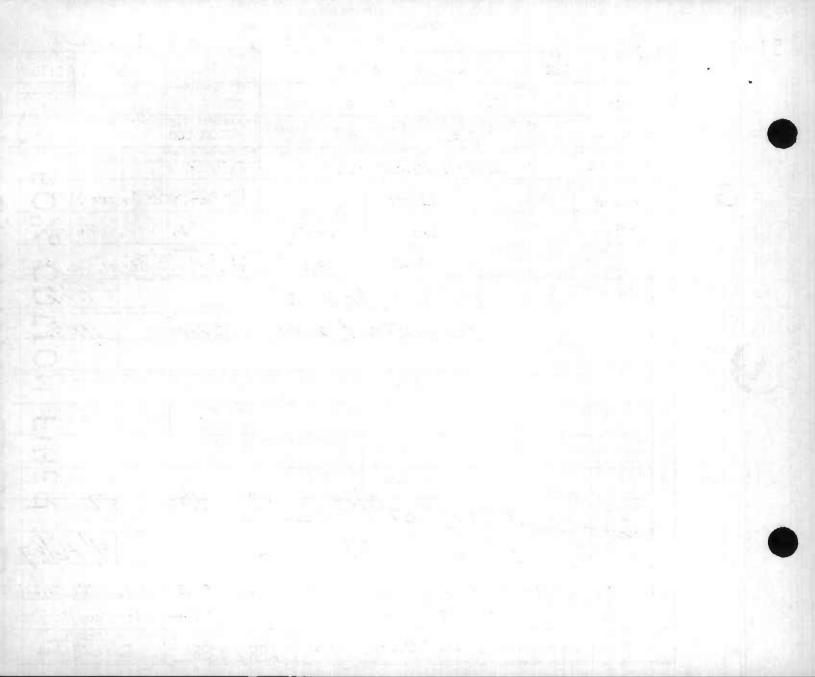
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Holloway Funeral Home, P.A. Salisbury, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)



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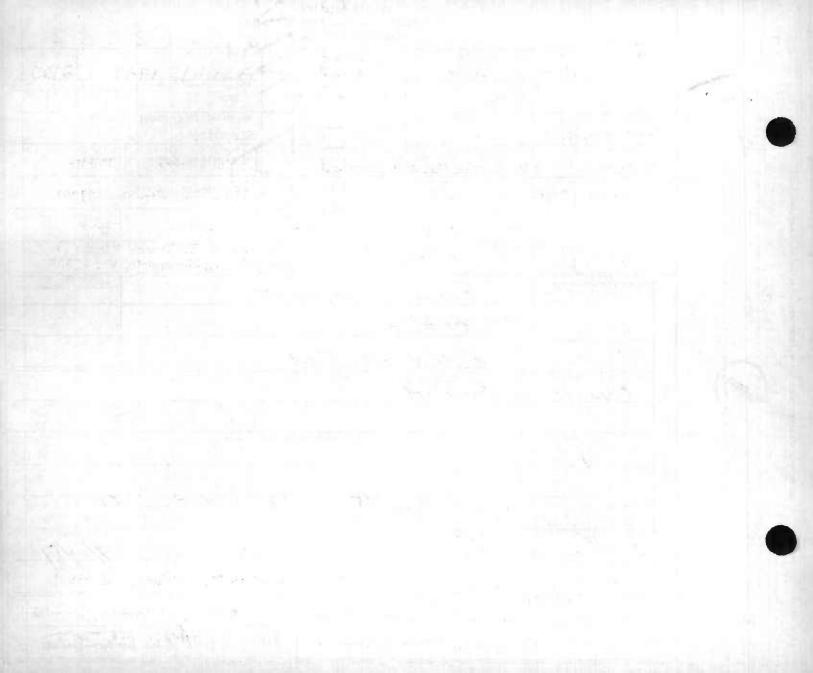
	JIM	I F	OI M	WKIL	MIND	
DEPARTMENT	OF	HE	ALTH	AND	MENTAL	HYGIEN

00	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENTAL HYG ICATE OF DEATH	B / REG. N	. 2	4	2
1		CEASED NAME OR PRINT)	FIRST		AIDDIE	8	Cooper	26. DATE OF DEATH	MONTH DA	AY YEAR	26 HOUR
			Helen		ones	C	O)PER		3,198		2105 M
	3. SEX	Female		4. RACE White		5 DATE C		6. AGE '(IN YEARS LAST BIR	MC	ONTHS DAYS	HOURS MIN.
7	7a. B1	RTHPLACE (STATE OR F	OREIGN		WHAT COUNTR'	Y? B.		9 BALTIMORE CITY O	R COUNTY (OF DEATH	
	W	ashington,	D.C.	U.S.A.		WIDOWE	DEVER MARRIED DEVER MARRIED DEVER	Wicomico	24		MD
0	Sa.	TY OR TOWN OF DEA lisbury	ATH	Penins:	HOSPITAL, NURS HEACILITY, GIVE STRE LLA Gene	EET ADDRESS)	spital	120. USUAL OCCUPATION OF CONTROL OF WORK FOR MOST OF	ON of WORKING LIFE) Ker	12b. KIND O	F BUSINESS OR
5	13a S	Maryland	13b COUL	OTHER INSTITUTION.	13c CITY OR TO Salisbu		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	zir CODE t Stree	t 21	801
1	14 FA	John	F	lenry	Jones		15. MOTHER'S MAIDEN NAME Margaret	A ^{MIDDIE}		Carty	T
1		VAS DECEASED EVER		MED FORCES?	218-3	CURITY NO. 86-9341	17. INFORMANT Mr. 801 S. Over	Stanton B.R. look Dr., Alex			
		PART I. DEATH W		TE CAUSE (o)	line far (a), (b), (c)	inge	AMME ST			BETWEEN	MATE INTERVAL ONSET AND DEATH
		Canditions, if any, gave rise to imm couse (a), statin underlying cause	nediote g the	(b)_	SEPS R AS A CONSEQ	DUENCE OF	aition.				
	NO	PART 2 OTHER SIGN	N IN PART 110	31							
9	CERTIFICATION	19a DATE OF OPERAT	ION		TION FOR WHIC		N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	OF DEATH?
5	-	21g. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DE	HOUR A.	M. MONTH M.	DAY YEAR 19	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAI	et i or part 2)	
	MEDICAL	21d INJURY OCCURE WHILE NOT WH AT WORK AT WOR	ILE 🗆	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE	E, FARM, ETC)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
		226 I certify that (I) saw the decease abave, (I) (we) (c	ed alive an	4/15	19	£7_, on	d that in (my) (our) opinion (death accurred on the do	ote and haur o	and from the	
-		276 SIGNATURE	~	Alt.	in			MEDICAL STAL	F IAN []	22c DATE :	SIGNED 5/57
1		22d. PHYSICIAN'S NA William		Robins, M	.D.		Civic Ave &	Rte 50, Sal	isbury,	Md. 21	801
		URIAL, CREMATION, SPECIFY) Cremation	REMOVAL	23b. DATE 4/18/		_	y Crematory	Salisbury	, Wicor	nico, A	Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

124 FUNERAL DIRECTOR
Holloway Funeral Home, P.A., Salisbury, Maryland

250 DATE REC'D. BY REGISTRAR 255 REGISTRAR'S SIGNATURE APR 2 7 1987 Julia Dender Radian



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN FIRST 7h HOUR I THRE OF PRINCI ESTI-19 87 1--7-DEATH MATED Corbin Caro] 4 RACE & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 5. DATE OF BIRTH 20. 1. = 00 DATE LAST BIRTHDAY PRONOUNCED DEAD AM 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED WIDOWED DIVORCED Wicomico County IL NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION Salisbury Peninsula General Hospital 13d INSIDE CITY LIMITS? 13e STREET ADDRESS IA FATHER'S NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1 (IF YES GIVE WAR OR DATES) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o) 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 12 NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION STREET, FACTORY, FARM, ETC.1 STREET CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I to be about of the remains described about field on Inspection death resulted from Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Mp Assistant DATE SIGNED. 4--8--87 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Perm St., Balto., MD 21201 (TYPE OR PRINT) 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR **DHMH - 17** (VR A15 ME (5))

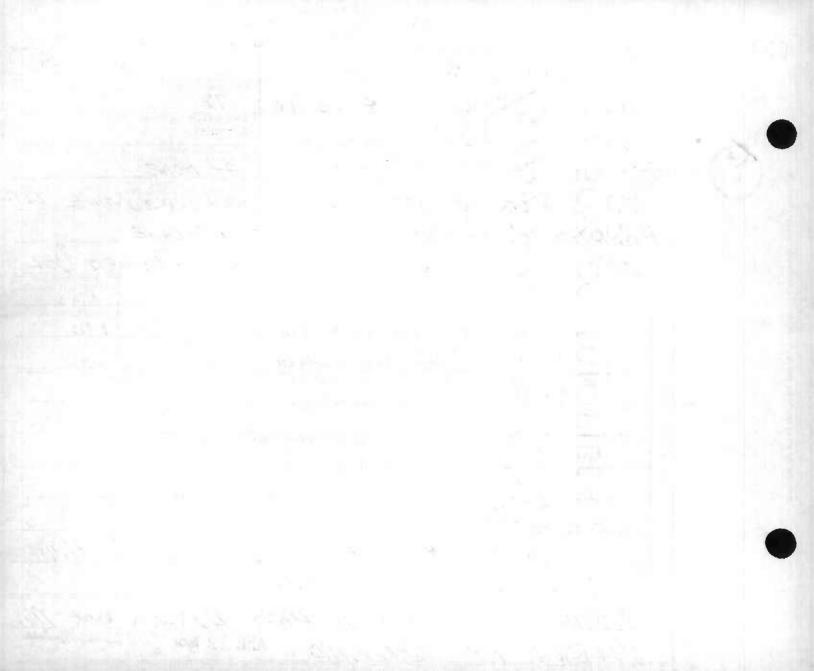
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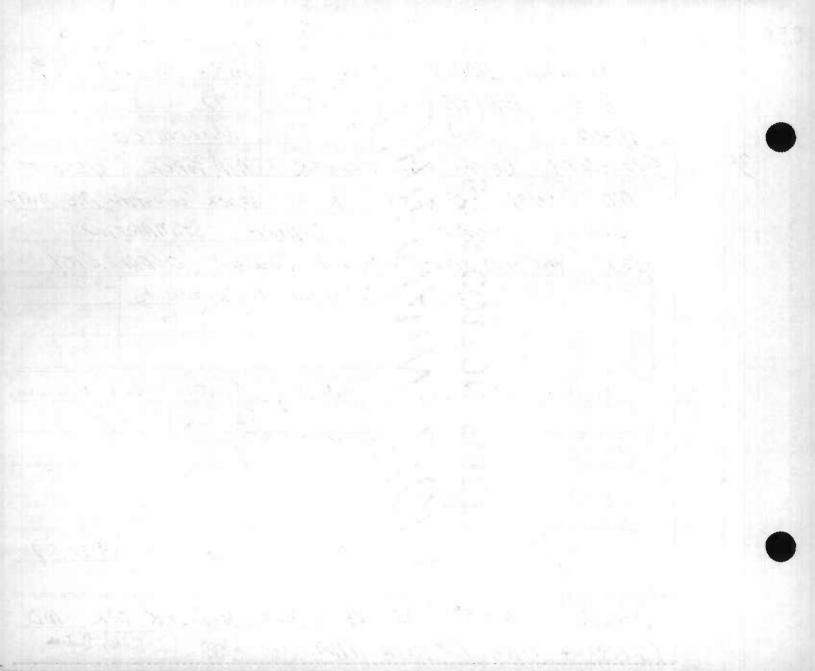
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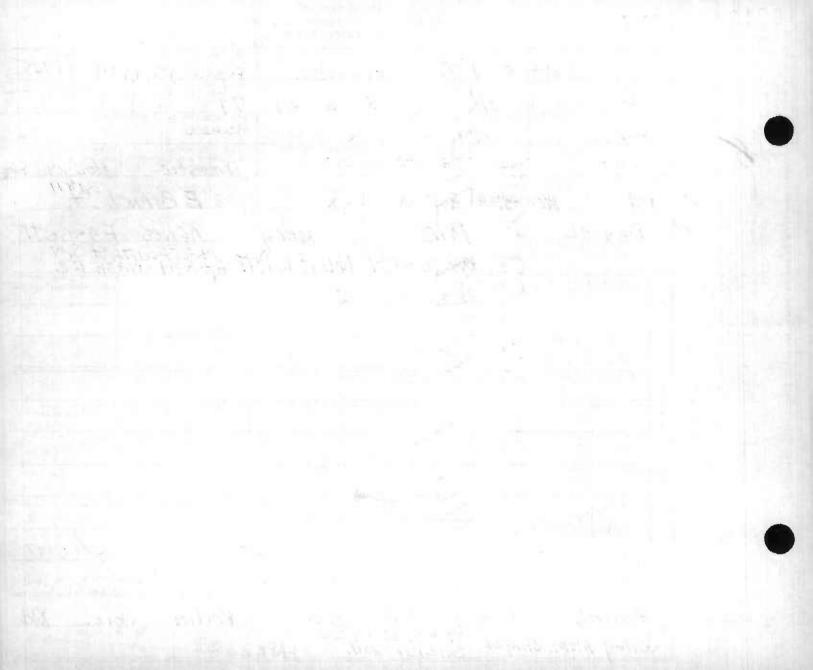
051000	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH	SIENE 8 7 REG. No. 2	4 4 5
oy be death of the	I. DEC	EASED NAME FIRST VIOL	A M.	COWAN	20. DATE OF DEATH MONTH DE	9 87 5 m
ne 4 mo	3. SEX	Fermale	1. RACE Cauc	5. DATE OF BIRTH	76 YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
1 18	C	OUNTRY ASS	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	MD.
201	Sa	Y OR FOWN OF DEATH Lisbury	Peninsula Cenera		120 USUAL OC CUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b.KIND OF BUSINESS OR INDUSTRY
DIVISION OF VITAL RECORDS, 2D1 W. PRESTON ST., BALTIMORE, MARYLAND 212D ING PHYSICIAN: The law requires that the death certificate be executed within 24 central groups physician. The law requires that the attending physician and completely filled in the burial-transit permit. Then please remove corban papers. Pages 1 and 2 sharing that and Mental Hygiene prior to burial, cremation, or remotal. In and Mental Hygiene prior to burial, cremation, or remotal. In and Mental B shows any injury, or other traumatic event, the medicolexical permits or the angle of the properties of the pro	13a. S	mo lib cou	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	YES NO [13e.STREET ADDRESS / ZIP CODE	-UTIONISL 2.184
marying ampletely	11	FRANCIS	MOPP, ROBERT	15. MOTHER'S MAIDEN NA 2 LIFEST VIN	A DONOHUE ADDRESS	LAST
be execution and grs. Pages		M	(IVE WAR OR DATES)	9432 P.W. Co	wan FRANK	HERD DEL
ST., BAI ertrificate g physic ponpape remocal.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b), as SED BY: ATE CAUSE (a)	try anut		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RESTON e deoth ce move corb notion, or i		Conditions, if ony, which gave rise to immediate	DUE TO, OR A CONSEQU	ing bleast Foul	me	DAY5
s that the		couse (0), stating the underlying cause last	(c)	ridial disjointy		0445
ow require been signi rmit. Then prior to bu ony injury,	ATION	A-S.C.V	'. D	DEATH BUT NOT RELATED TO THE TERM		WERE FINDINGS USED
VITAL REC VITAL REC N. The low hysicion. Icate has b ronsit perm Hygiene pr Hygiene pr	CERTIFICATION	710. ACCIDENT WAS UNDERLYING			IN CERTIFY	ING CAUSES OF DEATH?
HYSICIAN: nding physician is certifico buriol-trory Mental Hysician or them 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMINI 214 INJURY OCCURRED	EATH HOUR A.M. MONTH D	19 211 LOCATION		
DIVISIC DING PH or offer the e os the bolth and i	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, pital) offended the deceased from		CITY OR TOWN	COUNTY STATE
ATTENE hospital RECTOR: ed for us pt. of Hee		saw the deceased alive o	11/10	2 and that in (my) (aur) apinian DEGREE	death accurred on the date and hau	and from the causes stated
HOSPITAL OF FUNERAL DIL UND BE detach und be detach or the State De		22d. PHYSICIAN'S NAME (TYPE	Lel M = Lum	ATTENDING PHYSICIAN 1	MEDICAL STAFF DIRECTOR PHYSICIAN	4/19/87
TO HOSPITAL TO FUNERAL Should be deta	23a P	De M.	W (3) M)	MAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP	(BIRIAL DIRECTOR	4-22-87	MP. UETERAN	S PROPRIORIES PEGISTR	BOR MAN

(VRA 15, 4)

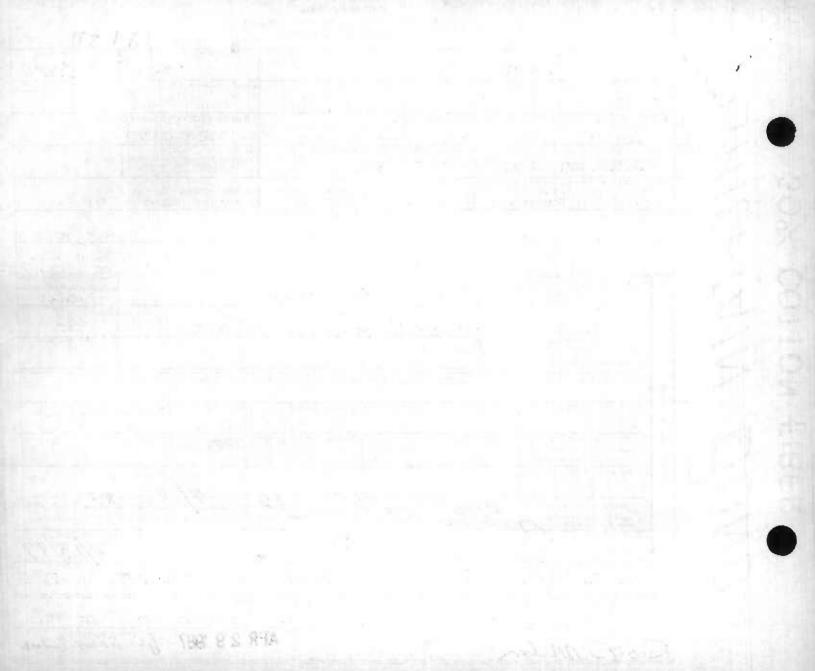




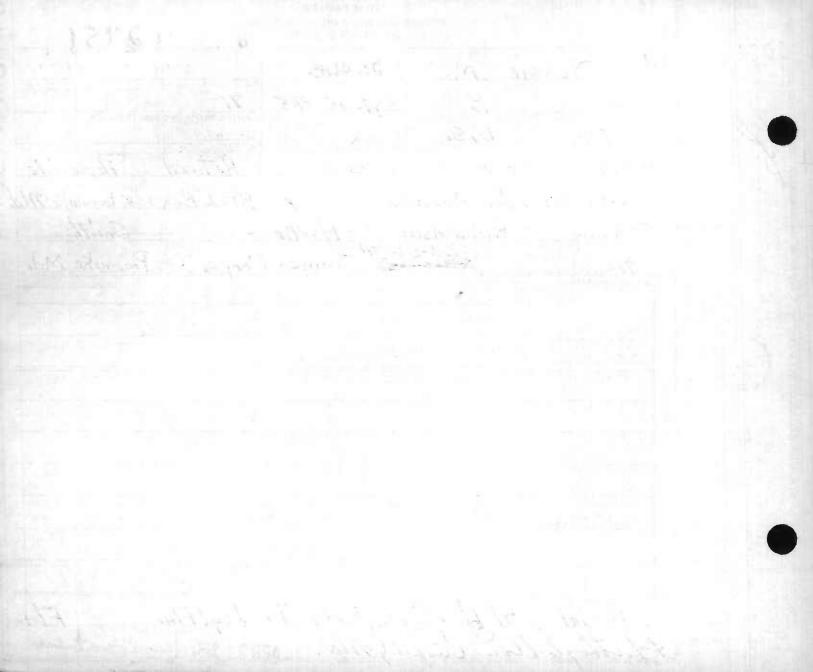
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278 1		FOR 7	DEPART	MENT OF HEALTH AND N	MENTAL HYGI	ENE		
	-	STATE REGISTRAR		CERTIFICATE OF D	EATH (7 1	2 4 6	3 8
	1.05			LAST	C	REG. N		
ڍ		CEASED NAME FIRST	1. Doile	(ASI		2a. DATE OF DEATH	MONTH DAY YEA	2B FIOUR
		COH	tie VITE	Derzicks		Anil 1	15,1987	1945 M
	3 SE		4 RACE	5. DATE OF BIRTH		AGE IN YEARS LAST BIR		
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H	1	F	DK		07	17	YRS	
27		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER M	A PRIED	BALTIMORE CITY O	R COUNTY OF DEATH	Н
1		Berlin	1150		ORCED	Wicomico		MD.
7	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INST	ITUTION .	120 USUAL OCCUPATI		ID OF BUSINESS OR
	Sa	lisbury	Peninsula Cener	al Hospital		The MCC +	F WORKING LIFE) INDUS	. 1 1. 1. 1
7 3	USU	AL RESIDENCE HE NURSING HOME O	R OTHER INSTITUTION, GIVE RESIDENCE BEFORE	RE ADMISSION)		JAMOSTI	L: 1/10	11611
6	13a. S	TATE ISU COU		11		13e.STREET ADDRESS	ZIP CODE	2911
4	g.	THER'S NAME	Ycester Berli	YES Y	MAIDEN NAM	108 EX	DIFINCH.	21,
1	1	FIRST	MIDDLE AST		FIRST .	MIDDLE		LAST 1 in
24		DANIEL	P1115	1	MARU	AGI	ves FA	755ETT
40			RMED FORCES? 166. SOCIAL SEC	URITY NO. 17 INFORMAT	NT /	ADDRE	SP 1 St	SW
Z	Mar ((IF YES, GI	IVE WAR OR DATES) ALL 20 -	1427 Pahou	+1.01	th 1400	FOUPIN SI	51
			VYT 22	TOTAL	1 -171	ID ATTA	4 - WASh	uc
		18 CAUSE OF DEATH (Enter of PART). DEATH WAS CAUST	nly ane cause per line far (a), (b), a	nd (c).)			BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
			TE CAUSE (0) Pheny	roma				
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		Contract to	DUE TO, OR AS A CONSEQU	ENCE OF				
	5/4	Canditions, if ony, which	(b)					
		cause (a), stating the	DUE TO, OR AS A CONSEOL	ENCE OF				
		underlying cause last	((c)					
-		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED	TO THE TERMI	NAL DISEASE OR CON	DITION GIVEN IN PAR	T Ita
	CERTIFICATION							
П	AT	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFOR	RMED	20a AUTOPSY?	206 IF YES, WERE FIN	NDINGS USED
-1	F						IN CERTIFYING CAU	
\dashv	FRI	21g. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	10000000	III IN OCCUPA	YES NO	YES 🗌	NO 🗆
7		OR CONTRIBUTING CAUSE OF DE		AY YEAR	JORT OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM TB PART I OR PART	(2)
1	CAL	(IF EITHER NOTIFY MEDICAL EXAMINE	AIR	19				
1	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	21f. LOCATIO	N			
1	¥	WHILE NOT WHILE	(AT HOME, STREET, FACTORY OFFICE,	FARM ETC) STREET		CITY OR TO	WN COUNTY	STATE
		AT WORK AT WORK		100	0.6		- 7	
١	1		oital) attended the deceased from	P	. 19 2 0	_, to	, 19 0/	, that (I) (we) last
		saw the diceased alive as	of view the body after death.	and that in (my)	(our) opinian d	eoth accurred an the do	ate and hour and fram	the causes stated
		22b. SIGNATURE	A	DEGREE			122c. D	ATE/SIGNED
		VII	Car	A'	TTENDING	MEDICAL _ STAT	F _ 111	111 (47
1		224 MANGAGIANG ALLANG	- Usign			DIRECTOR PHYSIC	IAN	116116
		22d PHISICIAN'S NAME (TYPE	OR PR	22e ADDRESS	10-	-14	1- Chilo	Ca.
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	23a F	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR C	REMATORY	123d LOCATION	4 (5)	
	(21/1×101	14. 21-60 I	1104611	I	ATY OR TOWN	COUNTY	STATE
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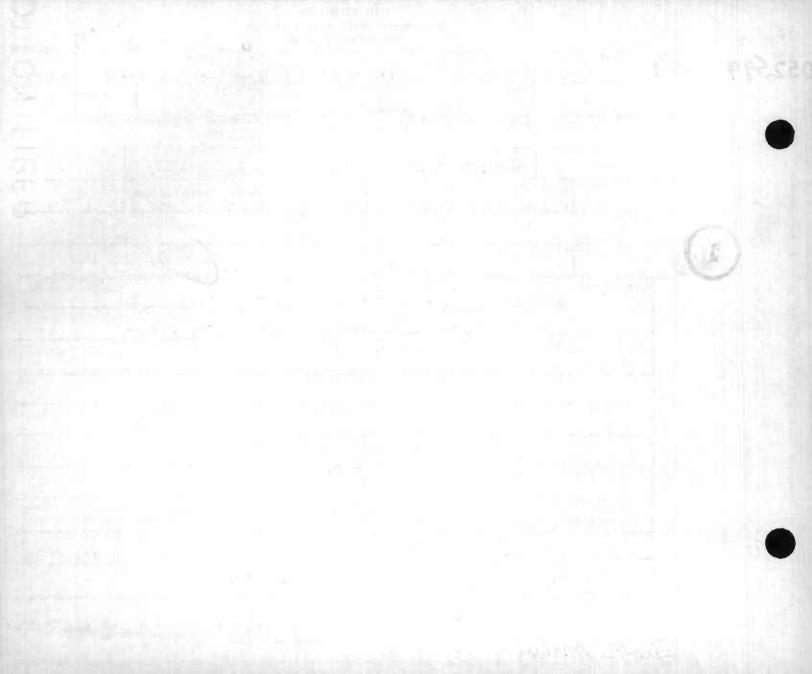


	-			STATE OF M.	ARYLAND			
		FOR STATE	DEP	ARTMENT OF HEALTH		ENE	. 200	,
		REGISTRAR		CERTIFICATE	OF DEATH	8 / REG. NO.	1015	. ,
JU948 AP		DECEASED NAME FIRST	MIDDLE	LAST	15-3	20. DATE OF DEATH M	ONTH DRY YEAR	16 HOUR
of h		DE.	SSIE M.	Doug	LAS	APR	16 17, 1987	1.30 PM
and	3.	SEX	4 RACE	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER LYEAR	IF UNDER 24 HRS
4 90	-	1 -	B	SE OT	5 1915	7/	YRS	HOURS MIN.
2 /12 /4	70	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUN	VTRY? 8	IEVER MARRIED	BALTIMORE CITY OR		
W 15 4	1	FIA.	N V.S.	WIDOWED	DIVORCED	Wicomico		MD.
1 11/2	7/1	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME OR OTHE	R INSTITUTION	120 USUAL OCCUPATION		BUSINESS OR
5 D 5 1 8	0	Salisbury	Peninsula Ge		tal	RETIFE	House	INIFE
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	71	SUAL RESIDENCE (IF NURSING NO. STATE	ME OR OTHER INSTITUTION GIVE RESIDENCE		SIDE CITY LIMITS?	13e STREET ADDRESS /	ZIR CODE OF	8.51
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	93	FATHER'S NAME	MIDDLE 7	15. MC	THER'S MAIDEN NAM	MIDDLE	- had	2
W P TI	ZX	Johnny	Richard	SOM	HArtie	MIDDLE	Smith	
Second Second	り		S. ARMED FORCES?	SECURITY NOW IT INF	FORMANT	ADDRES:	5	
The Part of	-	110	Jan	Carlotte Control	AMES (DOPEN JY	- Pocomoke	: Md,
BALL open	r	18 CAUSE OF DEATH (Ent	er only one cause per line for (a), (b), and icid			APPROXIM BETWEEN O	NATE INTERVAL
Title Title		PART I. DEATH WAS CA	DIATE CAUSE (0) V V	meellar 1	76 and C	ardio sovic	8hvc4	
ON the corbo			DUE TO, OR AS A CON	SEQUENCE OF	Oma No	0 0	11	
death c death c move cont mulian, or		Conditions, if ony, which) Aew	6 10	upo. on to	retion.	
E ANII		gave rise to immediat cause (a), stating th	DUE TO, OR AS A CON	SEQUENCE OF MA		0		
2 1		underlying cause las	((c) (3)	conna	my ath	erosciero	817.	
2			NT CONDITIONS CONTRIBUTING	G TO DEATH BUT NOT RE	LATED TO THE TERMIN	NAL DISEASE OR CONDI	TION GIVEN IN PART 110	
DIVISION OF VITAL RECORDS NG PHYSICIAN, The low-req offending physicion ther this certificate from been at the build fromit permit. The this and Mental Hygiene prior to it orked on them 18 shows gray minu	_	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	Mostonian	•				
P 11 9/	1	90 DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATION WAS	PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES	OF DEATH?
TAL The Coop of the Coop of the No.	/		a The of Milley	Late O	OW NAMES OF COMME	YES NO	YES 🗌	NO 🗌
National States	100	OR CONTRIBUTING TO CAUSE O		H DAY YEAR	OW INJURY OCCURRE	ED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1 OR PART 2)	
O S S S S S S S S S S S S S S S S S S S	7.	(IF EITHER, NOTIFY MEDICAL EXA		19	DC ATION			
OF THE PROPERTY OF		21d INJURY OCCURRED WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, C		STREET	CITY OR TOW	COUNTY	STATE
DIV BNG After Cast		AT WORK		trom 41015	-	41171	8	
THE PERSON OF TH		sow the deceased aliv	naspital) attended the deceased to		in (my) (gur) apunian di	eath assurred as the date	e and hour and from the co	hat (I) (we) last
A de La faction of the second			d nat) view the body after death.	DEGREE		com occorred on the gon	226 DATE S	
9 4 9 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		III. SIGNATORE	W T	M. A.	ATTENDING	MEDICAL STAFF	14/1	2/87.
HTAI by by Stoke	1	22d. PHYSICIAN'S NAME (VPE OR INVISIT	1770 A	PHYSICIAN DDRESS	DIRECTOR PHYSICIA	0 7	()
FUNER of be of the Story	/	11.	R. Hodg.		614	CEUNTE	2189.	unu
54 54 M	1	Be BURIAL, CREMATION, REMO	WAL THE PARTY	23 NAME OF CEMETER	5AL1513 (23d 10CATION	2/8/1.	
BP	2	SPECIFY)	VAL 136 DATE 1/2/187	Same F.	- JEMATORY	CITY OR TOWN	COUNTY	Int.
		FUNERALDIRECTOR	0 1000	pringill	250 DATE	REC'D. BY REGISTRARIZE	b REGISTRAR'S SIGNATU	IRE IRE
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(485 13, 4)	-	1 Jerove 10	o come lu	species 110	AP	KA BUIL		-



DIVISION OF VITAL RECORDS

STATE OF MARYLAND



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 2a OTE OF DEATH LAST DECEASED NAME April 28, 198 Kenne th R. Evans 6 AGE (IN YEARS LAST BIRTHDAY) 4. RACE 5. DATE OF BIRTH IF UNDER 1 YEAR 3. SEX 30 1937 White Male BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Mardela Springs, Maryland U.S.A. DIVORCED X Wicomico County O CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR A Engineering Deer's Head Center Salisbury ISUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION Maryland Wicomico Salisbury P.O. Box 1341 S. Division 21801 13d. INSIDE CITY LIMITS? 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Elderdice MIDDLE Bull LAST Mary Wilson Evans ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Rt. #1 Athol Rd., Box 156, Hebron, Md. 21830 219-34-3816 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: cunce IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 W. underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206, IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 710 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 211 LOCATION 21d INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 27s.1 certify that (I) (the horbitat) nd that in (gst) (our) opinion seath occurred on the date and hour and from the causes stated phove, fillwel (did) (b) dy ofter death 77h SIGNATORE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN TO FUNERAL PHYSICIAN | THE PHYSICIAN'S NAME THE DEPEN Deer's Head Center, Salisbury, MD. 21801 Inja J. Hwang, M. 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE (SPECIFY) Burial 5/1/1987 Mardela Memorial Cemetery Mardela, Wicomico, Maryland BP. 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Holloway Funeral Home, P.A., Salisbury, Maryland - waterdoon (VRA 15, 4)

STATE OF MARYLAND

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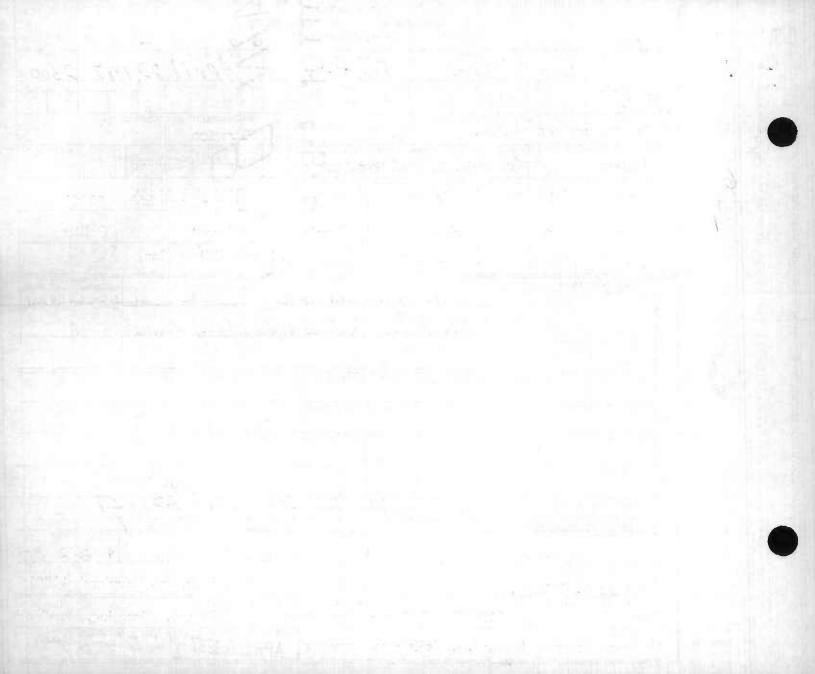
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	FOR			DEPARTA		OF MARYLAND EALTH AND MENTAL HYG	IENE					
30	STATE REGISTRAR					ICATE OF DEATH	8 / REG. NO	1 2	4 5 5			
	CEASED NAME OR PRINT)	FIRST		MIDDLE	F	ősk e y	20. DATE OF DEATH	MONTH DAT	YEAR 26 HOUR			
		Leon		rnest	10	stey	APRIL 22, 1981 2300 M					
3. SE	Ma/e		White		5 DATE C		6. AGE (IN YEARS LAST BIRT	YRS.		AIN,		
Sé	alisbury, Mar	yland	U.S.A		WIDOWE		9. BALTIMORE CITY O Wicomico		F DEATH	MD.		
	TY OR TOWN OF DEA	(TH	Penins	HOSPITAL, NURSIN HEACILITY, GIVE STREET A LLA Gener	G HOME C ADDRESS) (al Ho	spital	Merchant		126, KIND OF BUSINESS INDUSTRY	OR		
USU/ 13a S	Maryland	131 GOUN WICO	OTHER INSTITUTION TY Omico	Salisbury		134 INSIDE CITY LIMITS?	13e STREET ADDRESS / Route #3 B	ZIP CODE ox 358	21801			
100	Horace	в.	AIDDLE	Foskey		Bessie	Durant		Pollitt			
	VAS DECEASED EVER VES NO OR UNKNOWN) YES		MED FORCES? WAR OR DATES)	214-10-6		same as #136	ayne Elliott	(Son)				
									V 1868 61 197			
	PART I. DEATH W	AS CAUSE	y one couse per BY: E CAUSE (o)	line for (a), (b), one	ale C	monalo		Hillo	BETWEEN ONSET AND DEA	L/		
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	PART I. DE ATH W	which nediote g the	DUE TO, O	con	NCE OF	alestu X	ulleng d	l'eare	BETWEEN ONSE AND DE	44		
NOI	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediote g the lost.	DUE TO, OI DUE TO, OI DUE TO, OI (c)	R AS A CONSEQUE	NCE OF	MANA DO ACOS SULVENOT RELATED TO THE TERM	inal Disease or coni	LEARE DITION GIVEN	un Cuae	14 14		
TIFICATION	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediote g the lost.	DUE TO, OI DUE TO, OI DUE TO, OI (c) ONDITIONS CO	R AS A CONSEQUE	NCE OF NCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONI	20b. IF YES, V	UM CHARLE	<u></u>		
CAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stotin underlying couse PART 2. OTHER SIGN	which nediote g the lost. NIFICANT C	DUE TO, OI DUE TO, OI (c) ONDITIONS CO 196 CONDI 1716. TIME O HOUR A.	R AS A CONSEQUE PASS A CONSEQUE CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTING TO CONTRIBUTION FOR WHICH FINJURY M. MONTH DA	NCE OF NCE OF		20a AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYII YES	VERE FINDINGS USED NG CAUSES OF DEATH?			
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130 :	Maryland	Wicom	ico	Salisbu	ry	YES NO [Rout	e #3 Bo	ox 358	21801
14. F/	ATHER'S NAME	_ MIDDI		1457		15. MOTHER'S MAIDEN	NAME			
	Horace	B.		Foskey		Bessie	Di	rant		Pollitt
	WAS DECEASED EVER	N U.S. ARMED		166 SOCIAL SE 214-10		same as	Wayne 13e	Elliott	(Son)	
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse (01), stating underlying couse	which nediote g the lost. UIFICANT CONI ION ERLYING AUSE OF DEATH ALEXAMINER) ED (this hospital) d olive on id) (did not) vie	DUE TO, OR (b) DUE TO, OR (c) DITIONS CO 196 CONDIT 716. TIME OF HOUR A.A P.N 71e. PLACE C (AT HOME, SIRE withe body c	AS A CONSECTION FOR WHITE INJURY A. MONTH A. DE INJURY deceosed from	DUENCE OF DUENCE OF DEATH BUT I CH OPERATION DAY YEAR 19 E. FARM. ETC 1	NOT RELATED TO THE TO N WAS PERFORMED 216 HOW INJURY OCC 216 LOCATION STREET 216 HOW INJURY OCC 216 LOCATION STREET 217 LOCATION PHYSICIAN	200 AU YES CURRED (ENTER!	NO ON NATURE OF INJURY CITY OR TOWN red on the dot L STAFF R PHYSICI	20b. IF YES, WIN CERTIFYIN YES [IN ITEM 18 PART II	COUNTY STATE COUNTY STATE
	Wilbur G.					1			ry, Mai	yland 21801
	BURIAL, CREMATION, I Cremation		36. DATE 04/23/1			Crematory			, Wicon	nico, Maryland
	uneral director Holloway Fu	enral H	lome, F	P.A., ^\$6	lisbury,	Maryland 250.	APR 29	REGISTRAR 2	Sh REGISTRAR	IS SIGNA JIRE

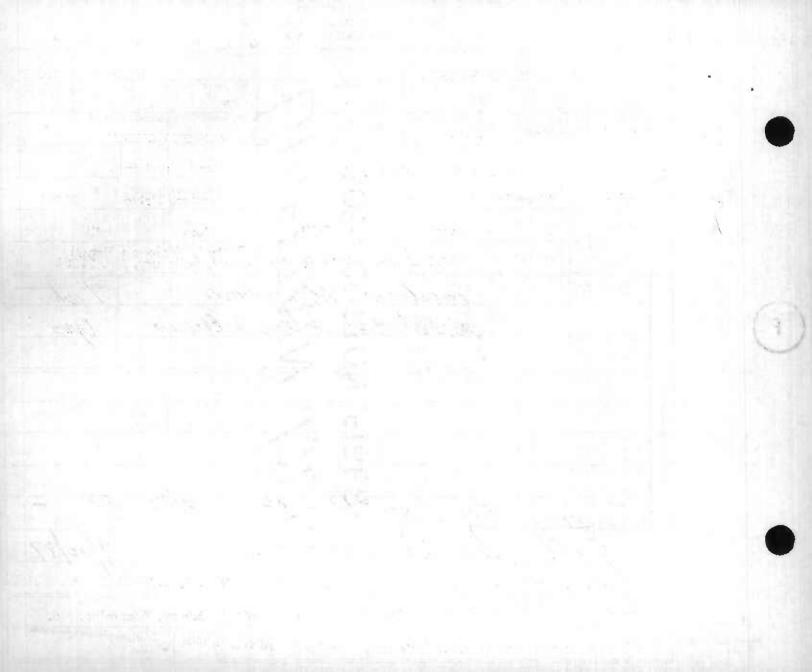
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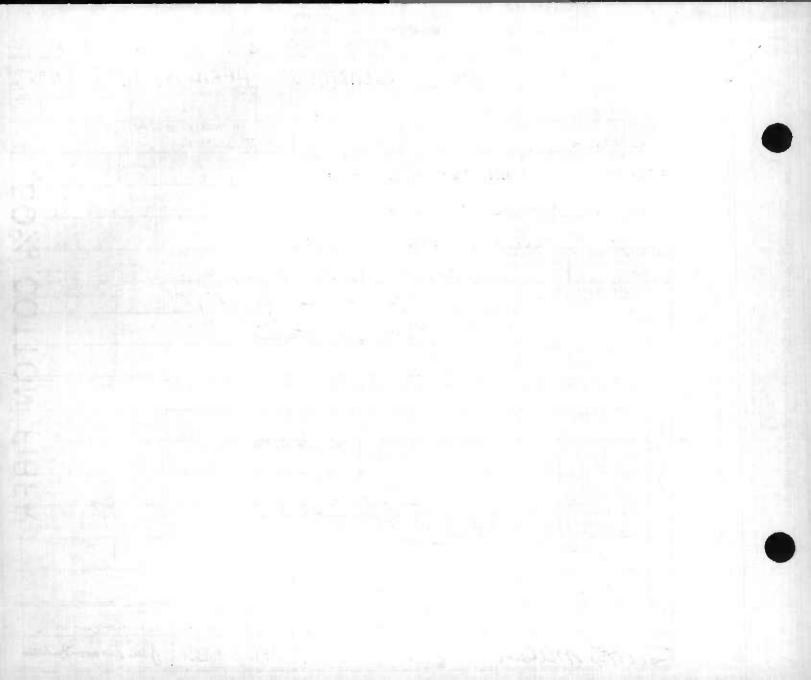
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20 DATE OF DEATH 26 HOUR 4-19-87 9:35 PM MARTON FOSKEY IF UNDER I YEAR 3. SEX 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS 4. RACE MONTH Male White 10 24 1916 BIRTHPLACE ISTATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Pittsville, Maryland U.S.A. WIDOWED WICOMICO COUNTY ID CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) INDUSTRY Retired Plumber SALTSBURY SALTSBURY NURSING HOME SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e.STREET ADDRESS / ZIP CODE Mallard Drive 136 COUNTY 13c. CITY OR TOWN
Delmar 13d. INSIDE CITY LIMITS? Maryland Wicomico 21801 YES TO NO T 15 MOTHER'S MAIDEN NAME **EATHER'S NAME** Hill Sallie Nathan Foskey Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT Mrs. Betty L. Malone (Sister) 1204 Robins Avenue, Salisbury, Md. 21801 220-10-9663 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (p) PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gove rise to immediate cause (a), stating the OR AS A CONSEQUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from and that in (my) (for apinion death accurred an the date and hour and from the causes stated abave. (1) (we) (aid (did nat) view the body after death. 226. SIGNATURE DEGREE 22c DATE SIGN ATTENDING MEDICAL PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OF PRI 22e ADDRESS CIVIC AVE, & RT. 50, SALISBURY, Md. EARL M. BEARDSLEY, M.D. 230 BURIAL, CREMATION, REMOVAL 236 DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION Wicomico Memorial Park Salisbury, Wicomico, Md. STAT Burial 4/23/1987 250. DATE REC'D BAREGETBAR 256 REGISTRABS SESTIMATION 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Holloway Funeral Home, P.A., Salisbury, Maryland

(VRA 15, 4)





STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIE
Gölden, Sr.	

O DATE OF DEATH 2b HOUR APRIL 0623 16 6. AGE (IN YEARS LAST BIRTHDAY) 76

Male	4 RACE White	DATE OF BIRTH
Baltimore, Marylar	76. CITIZEN OF WHAT COUNTRY?	MARRIED N

Wicomico

MIDDLE

Robert

BALTIMORE CITY OR COUNTY OF DEATH ED NEVER MARRIED Wicomico

21801

Salisbury

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

120 USUAL OCCUPATION 12b KIND OF BUSINESS OR Retired Electronic Technician

Maryland 4. FATHER'S NAME

- STATE I. DECEASED NAME

Golden

Salisbury

Emmet

13. STREET ADDRESS / ZIP CODE North Park Gardens NO [Charlotte

13d INSIDE CITY LIMITS?

1910

Van Hoffman

20b. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH?

Phillip

160 WAS DECEASED EVER IN U.S. ARMED EORCES

16b. SOCIAL SECURITY NO 214-01-7404

NFORMANT Mrs. Sara F. Golden (Wife) Same as #13e 17. INFORMANT

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196. COMDITION FOR WHICH OPERATION WAS PERFORMED

21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

HOUR A.M. MONTH DAY YEAR

216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2)

200 AUTOPSY?

21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM ETC.) NOT WHILE 220.1 certify that (1) (this haspetel) attended the deceased from

211. LOCATION

and that in (1977) (our) opinion death occurred on the date and hour and from the causes stated 226 DATE, SIGNED

226. SIGNATURE 274 PHYSICIAN'S NAME (TYPE OF

4/17/1987

MEDICAL ATTENDING PHYSICIAN DIRECTOR PHYSICIAN

D.P. Saggar, M.D.

sow the deceased alive on_

DEGREE

mo

547 Riverside Drive, Salisbury, Md. 21801

230 BURIAL, CREMATION, REMOVAL 236. DATE Cremation

23c NAME OF CEMETERY OR CREMATORY Salisbury Crematory

Salisbury, Wicomico, Maryland

24 EUNERAL DIRECTOR

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE Hottoway Funeral Home, P.A., Salisbury, Maryland APR 27

DHMH - 16 60M 7/84 (VRA 15, 4)

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- A	1. SE	1		4. RACE		S. DATE (H DAY YEAR	6. AGE (IN YEARS LAST BIR		ONTHS DAYS	HOURS MIN.
	1	Rmale		white			8, 1912	74	YRS.		
4 37 /2 /		RTHPLACE (STATE OR FO	ORE IGN	76 CITIZEN OF	F WHAT COUNTRY	? 8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
1160		ssouri	1	USA		WIDOW		Wicomico			MD.
1 11 0/	1/	ITY OR TOWN OF DEA	TH /				OR OTHER INSTITUTION	120. USUAL OCCUPATION OF OF WORK FOR MOST		12b KIND C	F BUSINESS OR
		lisbury			uch facility, give streets ula Gene		spital	secretary	-		overnmen
1 1/1/	USU 13a	AL RESIDENCE (IF NU STATE	VILL COUN		N. GIVE RESIDENCE BEFO		1136. INSIDE CITY LIMITS?	13 STREET ADDRESS	ZIP CODE	0	0000
1 1196		aware	Suss	ex	Ocean V		YES NOX	Rt. 1 Box 2	18	7	1797
1 12/00	LA F	THER'S NAME		MIDDLE	LAST	5-1-1-1	15. MOTHER'S MAIDEN NA	ME			
2 11 ACC	P	Frank	L.	Wei	1ch		Ida	Middle		Triche	Et.
1 1 3 4	160	VAS DECEASED EVER I		MED FORCES?			17 INFORMANT	ADDRE	SS		
: 11 5	1	ES NO OR UNKNOWN)	(1 1 E S, O 1 V E	WAR OR DATES	489-24-	-3155	John C. Gray	Rt. 1 Box	218, 0	cean V	iew, Del
2 24.4		18 CAUSE OF DEATH	(Enter onl	v one couse pe	er line for (a), (b), a	and ics.)					MATE INTERVAL ONSET AND DEATH
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or the death certified to the certified	1	Condition II	11.1	DUE TO, C	OR AS A CONSEQU	UENCE OF					
4 400	1	Conditions, if ony, gave rise to imm	ediate	(p)_							
	1	couse (0), stating underlying couse		DUE 10, 0	DR AS A CONSEQ	UENCE OF					
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	CERTIFICATION	190 DATE OF OPERAT	ION	19h CONI	DITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20e AUTOPSY?	20h IF YES	WERE FINDIN	NGS LISED
1 11119	E						THE TEN OWNED		IN CERTIFY	ING CAUSES	OF DEATH?
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X 0 5 1 2 4	MEDICAL	(IF EITHER NOTIFY MEDIC			P.M. E OF INJURY	19	211 LOCATION				
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Ather and a series		AT WORK - AT WOR	К				C P	// //		V -	
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A TONE		11 SIGNATURE	7.6	M	6)		DEGREE	MEDICAL STAL	c	220. DATE	
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annon	23a	SURIAL, CREMATION, F	REMOVAL			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
99 BP 99		Burial		4/20/	1987 St	. Geor	ges	Clarksvil	le, Su		., Del.
DHMH - 16 80M 7/84	24 F	JNERAL DIRECTOR		1	ADDRESS			E REC'D. BY REGISTRAR			
(VRA 15, 4)	1	echant T	-/	ation	Millsh	oro T	APR	24 1987	Julia d	cordon.	(andale

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STATE OF MARYLAND

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	1. DE	CEASED NAME FIRS	7	WIDDLE	-	AST		REG. N	MONTH DAY	Y YEAR	2b HOUR
poge 3	(TYPE	OR PRINT)	JELLIE HAM						4-30-8	87	12:45P M
yor pog	3. SE		4 RACE	101 (D	5. DATE C			6. AGE (IN YEARS LAST BE		UNDER I YEAR	IF UNDER 24 HRS
ge 4 ector.	1	Female	White		07"	27 ^{DAY}	1898	88	YRS.	NTHS DAYS	HOURS MIN,
Peroth Po	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) Caryland	V.S.A.	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER	MARRIED	9. BALTIMORE CITY 9 WICOMICO		FDEATH	MD
by the by	1	TY OR TOWN OF DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN CH FACILITY, GIVE STREET BURY NURSI	ADDRESS)		NOITUTIT	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST Attendar	OF WORKING LIFE)	INDUSTRY	for Aged
24 hour	USU.		ME OR OTHER INSTITUTION COUNTY Wicomico	136. CITY OR TOW Salisbur		134 INSIDE	NO [130 STREET ADDRESS Lemmon		218	
red within 24 hours	14 F/	(Unknown)	MIDDLE	Pennewe	ell	IS. MOTHER	S MAIDEN NA FIRST	ME (Unknown)		LAS	រា
		VAS DECEASED EVER IN U. YES NO OR UNKNOWN) {IF Y	S. ARMED FORCES? ES. GIVE WAR OR DATES)	16h SOCIAL SECU 214-10-8		17. INFORM.	Washir	arl Hammo gton Drive,	ងៃ (Son) Reading	g, Pa.	19600
es that the death certificate be executed by the ottending physician and copiese remove carbonappers. Pages unitil, cremotion, or removal.		Conditions, if ony, which gove rise to immedia couse (a), stating the underlying couse lost	DUE TO, O th te	OR AS A CONSEQUE	NCE OF	LEED	5 01	SEASE F	HI bli		i nformati
	CERTIFICATION	PART 2. OTHER SIGNIFICA		ONTRIBUTING TO D				200 AUTOPSY	natomy	Known	To
NG PHYSICIAN: The low require oftending physicion. Wher this certificate has been signs the buriel-tronsit permit. Then the and Mental Hygiene prior to borked or Item 18 shows any injury orked or Item 18 shows any injury	MEDICAL CERTIFIC	21g. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING ☐ CAUSE (IF EITHER. NOTIFY MEDICAL EX.) 21d INJURY OCCURRED	OF DEATH HOUR A	DF INJURY .M. MONTH DA .M.	YEAR	21c HOW IF	NJURY OCCUR	YES NO A	natomy	1300	Ha
DING PH or offend a Affer this ise os the be eoith and i	WEI	WHILE AT WORK AT WORK 220. I certify that (I) (this	(AT HOME, ST	REET, FACTORY, OFFICE, F	ARM, ETC)	STREE		to	, 19	Sy.	that (I) (we) lost
TAL OR ATTEN by the hospitol RAL DIRECTOR defoched for u tote Dept. of H		sow the deceosed oli obove, (I) (we) (did) (c 22b. SIGNATURE	lid not) view the body	ofter death. 19		DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	\FF	22c. DATE	
O HOSPITAL eformed by the TO FUNERAL should be defined with the Store	W	22d PHYSICIAN'S NAME (RT. 5		/IC AVE, SA	LISBURY	, MD.	21801
BP		BURIAL, CREMATION, REMO (SPECIFY) Burial		'04/1987 ^{23c r}	Wice	emetery or		1 Pk Salisbu			
DHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR Holloway Fune	ral Home,	P.A., Sali	sbury,	Marylo	and M	REC'D. BY REGISTRAL	256 REGISTRA	B'S SIGNAL	Rendale

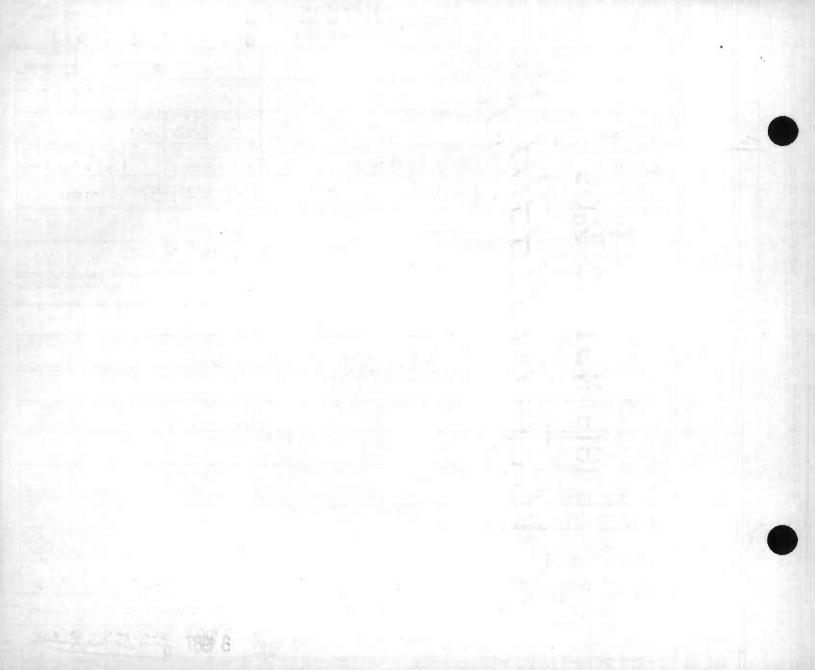
Holloway Funeral Home, P.A., Salisbury, Maryland

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND



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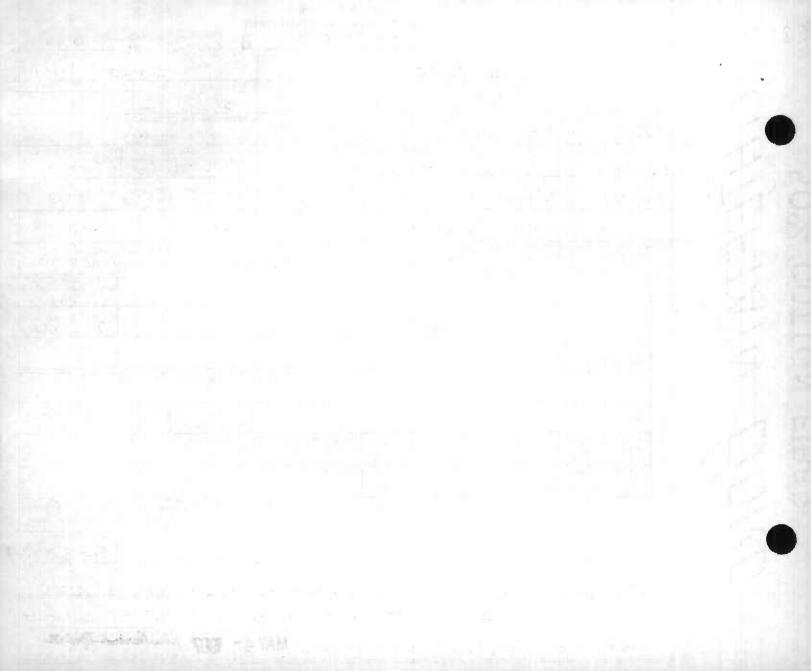
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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 1 DECEASED NAME (TYPE OR PRINT) ELIZABETH HOLLOWAY 4-30-87 1:00A M 3. SEX 4 RACE 5. DATE OF BIRTH IF UNDER I YEAR 6 AGE (IN YEARS LAST BIRTHDAY) Female White 15 1927 09 To. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Salisbury, Maryland U.S.A. WIDOWED WICOMICO COUNTY 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Asst. Mgr. Bankina SALTSBURY SALISBURY NURSING HOME Wicomico Salisbury 716 Ferndale Road Maryland 21801 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Patrick Elizabeth Price Henchcliffe James Mary 716 Ferndale Rd., Salisbury, Maryland 21801 166. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? JIF YES, GIVE WAR OR DATES! 218-20-6340 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [216. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive an 450 above, (1) (we) (did) (did nat) view the body after death and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 276. SIGNATURE DEGREE 22¢ DATE SIGNED ATTENDING MEDICAL PHYSICIAN A DIRECTOR PHYSICIAN MPORTANT 226. PHYSICIAN'S NAME (TYPE OR PRINT) 220 ADDRESS 100 Power Street, Salisbury, Md WILBER ELLIS, M.D. 21801 230 NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE 23d LOCATION (SPECIFY) 5/2/1987 Burial Salisbury, Wicomico, Maryland Wlcomico Memorial Park 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Holloway Funeral Home, P.A., Salisbury, Maryland (VRA 15, 4)

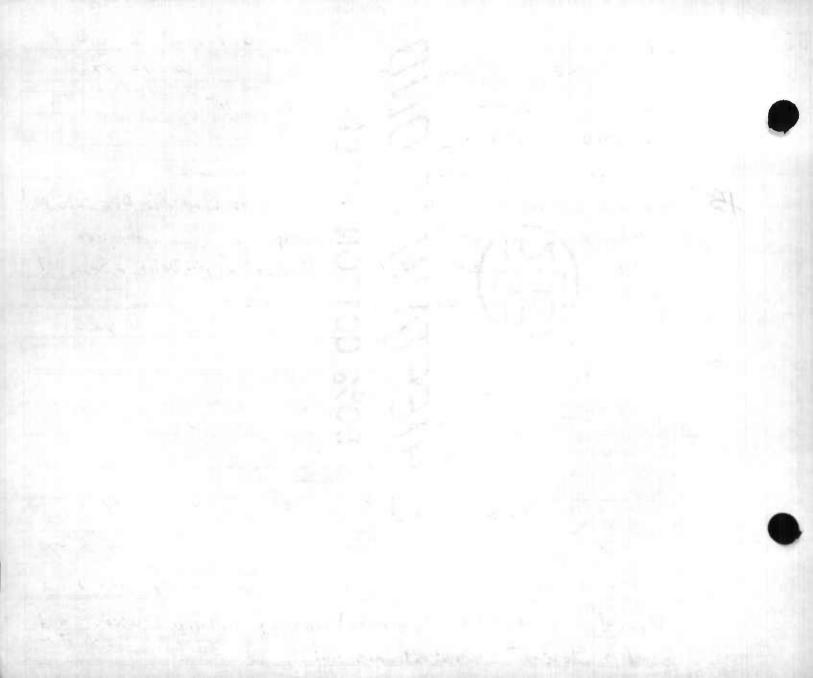


ALTO BEE		FOR STATE		DEPAR	TMENT OF H	EALTH AND MENTAL	HYGIENE				
		REGISTRAR			CERTIF	ICATE OF DEATH	8	REG. NO	1 6	2 4	5 0
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1 2 10		Y OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURS	ING HOME C	OR OTHER INSTITUTION	12s. US	UAL OCCUPATIO		12b. KIND (OF BUSINESS OR
156	 a/l	isburv		ch facility, give stre sula Ge	-	Hospital		rseman	WORKING (II	FE) INDUSTRY	
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-	-	AS DECEASED EVER IN U.S. AR			CURITY NO	17 INFORMANT	-	ADDRES			cean Cit
4		S, NO OR UNKNOWN) (IF YES, GIV	war or dates)			Donna W.	Hudoon				
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000 1		18 CAUSE OF DEATH (Enter or PART). DEATH WAS CAUSE	lly one cause per DBY:	r line for (a), (b),	and Ich	F. H				BETWEEN	ONSET AND DEATH
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\$00 B	- 1	Canditions, if any, which (another of the has with Brain Helast.									
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STATE OF MARYLAND

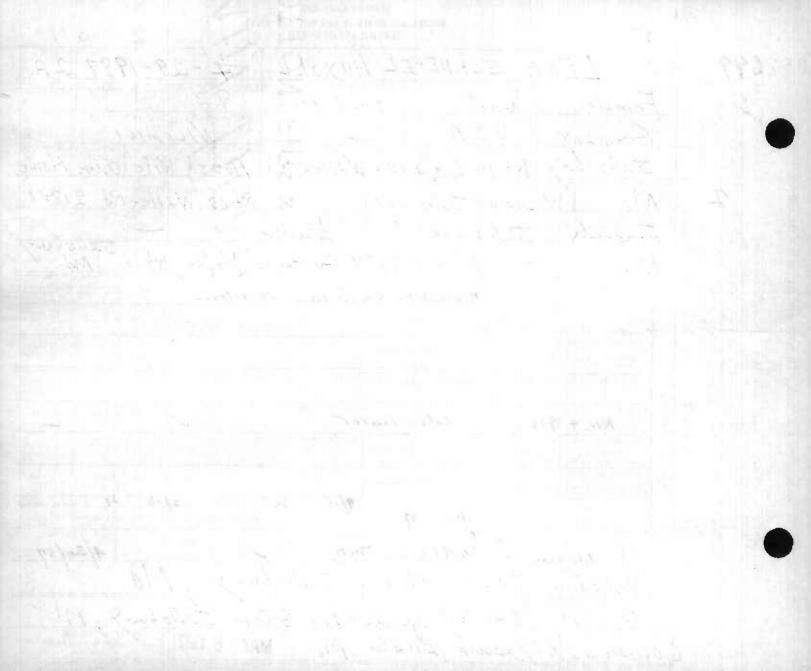
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		STATE OF MARYLAND
	,	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE
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TTENDIN pital or TOR: Aff far use a of Health		22a.1 certify that (1) (this hospital) attended the deceased from 19.60, to 21.8 19.57, that (1) (we) last saw the deceased alive an 21.6 19.51, and that in (my) (aur) opinion death accurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
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DHMH - 16 60M 7/84 (VRA 15, 4)	25	meral director which may be 1987 give Dirawa MJ. So. Date rec D. By registrar 256 registrars and some lands



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20 DATE OF DEATH 1. DECEASED NAME MIDDLE 2b. HOUR M soue! 1 SEX 4 RACE A AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5. 1899 Female White TO BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Philadelphia, Pa. U.S.A. WIDOWED V DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY L.P. Nurse Hospitals comico Nursing USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) Wicomico Salisbury 13e STREET ADDRESS / ZIP CODE 134 INSIDE CITY LIMITS? Marvland 1109 Brittingham Street NO 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME B. Hackett Ida B. Franc ADDRESS Salisbury, Md. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES GIVE WAR OR DATES) Theodora Baker, 1109 Brittingham St 218-16-6498 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per lige (1), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE O Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 200 AUTOPSY? 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [NO [21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDICAL EXAMINERS P.M 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC) WHILE NOT WHILE 220.1 certify that (1) (this hospital) attended the defeased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ obove, (1) ve) (did) (did not) view the body ofter death 226 SIGNATURE DEGREE 22c DAJE SIGNED ATTENDING PHYSICIAN MEDICAL STAFF
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH A REGISTRAR DECEASED NAME 2ª DATE KNOWN Th HOUR (TYPE OR PRINT) ESTI-OF DEATH MATED Paul James 29 198 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE DAY YEAR LAST BIRTHDAY) PRONOUNCED Male Black 8 10 85 DEAD 1987 1000 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED X Wicomico DIVORCED D. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 112b KIND OF BUSINESS OR INDUSTRY Fruitland and arren Streets USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CON LIMITS? 13e STREET ADDRESS NO Warren ruitlan 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME 6000 James 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT ADDRESS 244 Warren So 090-10-1353 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF DIVISION OF VITAL RECORDS, 201 lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION Diabetes Mellitus 19a DATE OF OPERATION 19h. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES [] NO X DEPARTMENT 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 211. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK AT WORK TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, A PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PARTINE AFTH. WITH THE SIZE ABILL OF E. MARYTAND. Inspection X 220 I certify that I taak charge of the remains described above, held on Autopsy Natural causes X death resulted fram: Accident Suicide Hamicide Undetermined manner TITLE (SPECIFY) Deputy SIGNATURE EXAMINER'S NAME John Bulkeley. Salisbury. Maryland TYPE OR PRINT ADDRESS. 07/84 25M **DHMH - 17** (VR A15 ME (5))

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STATE OF MARYLAND

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	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	IENE 2 A	12	3472	,
I DE	CEASED NAME		MIDDLE	10	12.7	20. DATE OF DEATH		AY YEAR 2	b. HOUR
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	James A.	Cockey, M.).		22e ADDRESS	Street, Salis			
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1	Burial	4/10/	1987	Spring	hill Memory G	ardens Hebra	n, Wic	comico.	Maryland
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1	dolloway Fur	neral Home,	P.A. Salis	burv.	Maryland RPR.	- 0 1987 A	len. Alem	4-2-4	

DHMH - 16 60M 7/84 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carban pap with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remava

AND PROPERTY AND PARTY.

MAR-DAM SHIP CONTRACT

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THE REGISTRANS SIGNATURE

DHMH - 16 60M 7/B4

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STATE OF MARYLAND 0 5 0 2 2 0 APR 1/ 17 STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO REGISTRAR 20. DATE OF DEATH Zb. HOUR I. DECEASED NAME (TYPE OR PRINT) Neglev Roy AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 3. SEX DAYS HOURS MIAA MONTH DAY YEAR ma Caucasian BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE ISTATE OF FOREIGN MARRIED NEVER MARRIED WICOMICO DIVORCED | 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13h COUNTY Salisbury 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13o. STATE Riverside Dr WI'COMI'CO 15 MOTHER'S MAIDEN NAME 14. FATHER'S NAME MIDDLE 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? I (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: myocara IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if onv. which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO [YES T 21g. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M 21f. LOCATION 21e. PLACE OF INJURY 21d INJURY OCCURRED CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK 220.1 certify that (1) (this hospital) attended the deceased from and that in (my) (our) opinion death accurred on the date and hour and from the causes stated sow the deceased alive an. obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED 226. SIGNATURE DEGREE MEDICAL STAFF ATTENDING PHYSICIAN | DIRECTOR MPORTAN the the 23d. LOCATION MAME OF CEMETERY OR CREMATORY 230 BURIAL GREMATION, SEMOVAL 23b. DATE BP. 24 FUNERAL DIRECTOR DHMH - 16 25M (VR A 15 (4)) 9/74

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should be det with the State		THOMAS	C. Hill	JR		PineBluff	Rood Salisbu	Ry, Md.
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STATE OF MARYLAND

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR Holloway Funeral Home, P.A., Salisbury, Maryland Suitland

Maryland

22c. DATE SIGNED

4/14/1987

COUNTY

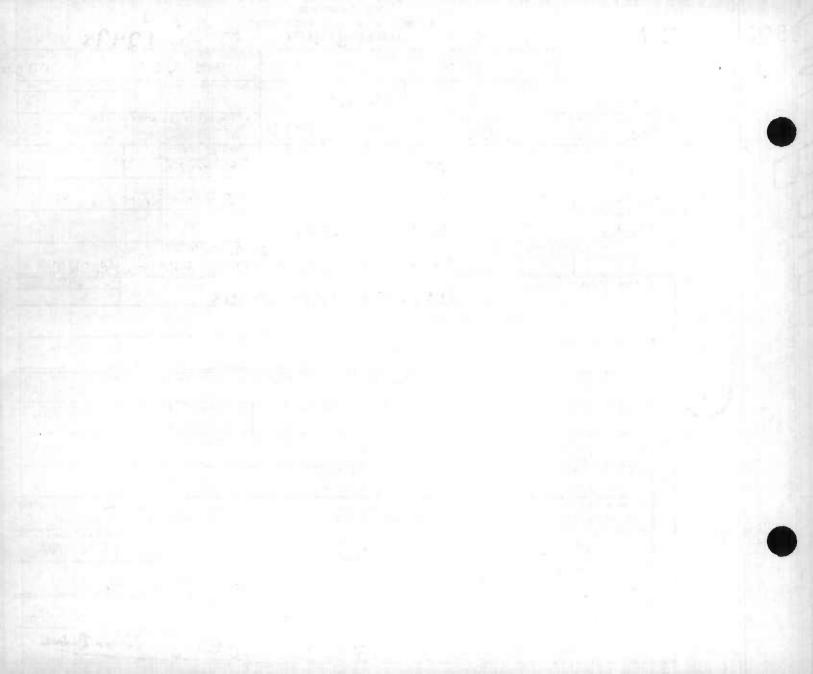
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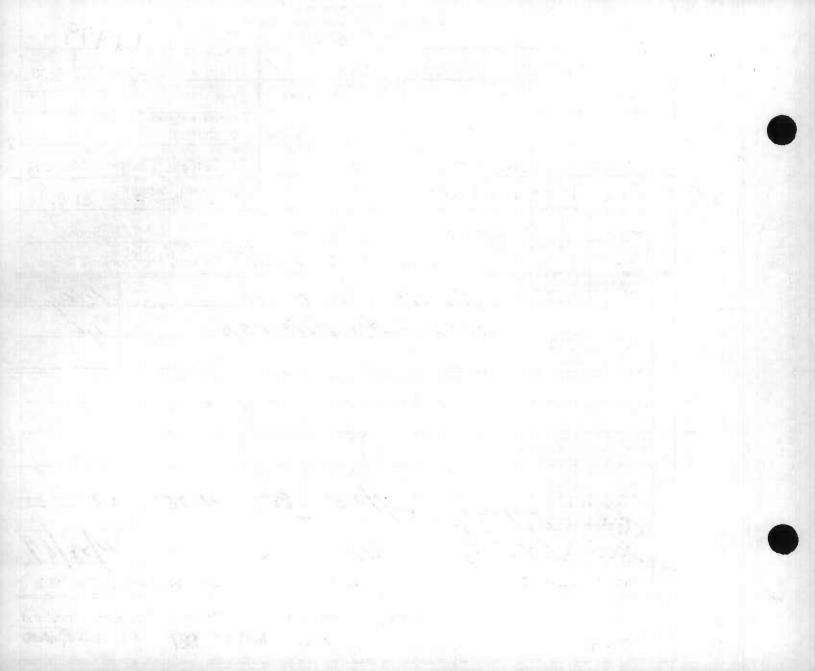
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DHMH - 16 60M 7/84 (VRA 15, 4) STATE OF MARYLAND
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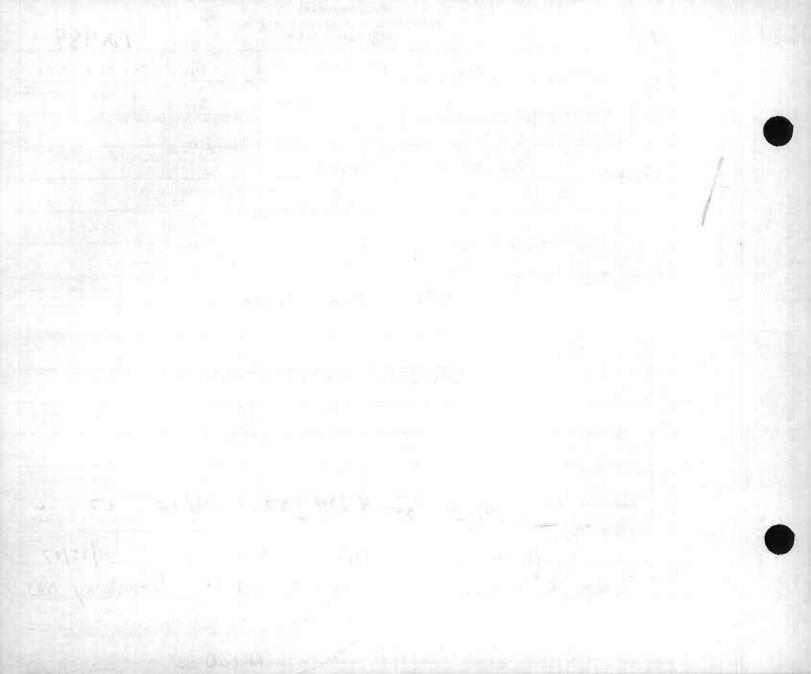
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG NO L'DECEASED NAME 20. DATE KNOWN LTYPE OR PRINTS OF ESTI-Preston Martin Lawrence 108 4 RACE S DATE OF BIRTH AGE IN YEARS I IF UNDER TYR IF UNDER 24 HRS 2d HOUR DATE YEAR PRONOUNCED Male 6 01 White DEAD O BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRYL U.S. WIDOWED DIVORCED Md. Wicomico ITY OR TOWN OF DEATH II NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE!
Retired Farmer alisbury Peninsula General Hospital 13d. INSIDE CITY LIMITS? THE STREET ADDRESS Box 170 3a STATE 3. CITY OR TOWN Md. Somerset Anne FATHER'S NAME IS MOTHER'S MAIDEN NAME Melissa Laird Benjamin Lawrence 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS Rt. 3, Box 170 218-14-2520 Marian Lawrence No Pr. Anne. Md. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic Cardiovascular Disease vears IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 in CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO TY 21a EXTERNAL CAUSE WAS 71h TIME OF INTURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 218 PLACE OF INJURY (AT HOME 71d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY Inspection X MARYLAND, 220. I certify that I taok charge of the remains described above, held an Inquiry X Autopsy EXECUTE THE CERTIFICATION PAGE 4 SHOULD BE RETO TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALLIMORE, MARYLAN death resulted fram: Homicide Suicide Undetermined manner TITLE (SPECIFY) ACTUAL Deputy DATE EXAMINER'S NAME Bulkeley, M.D. John T. Salisbury. Maryland (TYPE OR PRINT) 23¢ NAME OF CEMETERY OR CREMATORY St. Peters Oriole Burial 07/84 BP Somerset Md. 25M 24. FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) James L. Hinman, Pr. Anne, Md. 21853

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Annie M. Smullen/113 Springhill Rd., Salis., MD APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH TO THE LERAINAL DISEASE OR CONDITION GIVEN IN PART 110 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) COUNTY and that in (my) (aur) apinion death accurred on the date and have and from the causes stated 22c. DATE SIGNED MPORTANT 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION BURIAL 4/29/87 Green Acres Mem. Park Salisbury Wicomico Maryland 24 FUNERAL DIRECTOR Rt.#2, Jersey Rd. Illia Divideon Ra Salis., Maryland JOLLEY MEMORIAL CHAPEL (VRA 15, 4)

STATE OF MARYLAND

2h HOUR

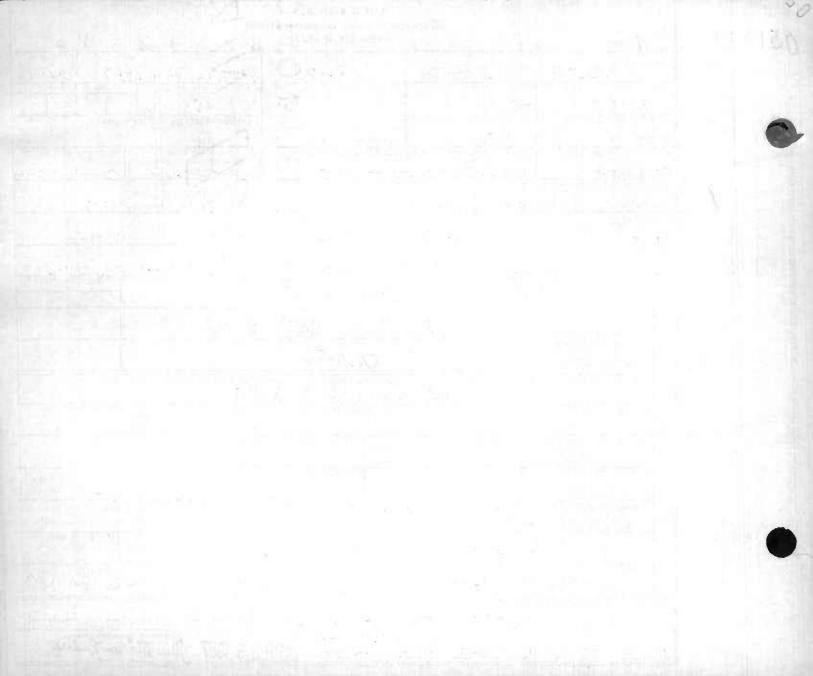
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DHMH - 16 60M 7/84



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR I DECEASED NAME 26 HOUR Priscilla na IF UNDER 24 HRS 3 SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR July 23, 1943 Female White BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico Delaware U.S. WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION TITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Peninsula General Hospital Salisbury USDA Poultry USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONI 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE Delaware Kent Milford YES K 7 N.E. 2nd St. NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST MIDDLE Harry Melva Lane George ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) LIE YES GIVE WAR OR DATES) 222-26-2237 P.O.Box 52 Lincoln. De. Melva Turner APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stofing the DIVISION OF VIT AL RECORDS, 201 W. underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT RELATED TO THE TEMPNAY DISEASE OF CONDITION GIVEN IN PART 110 CATION 190 DATE OF OPERATION 200 AUTOPSY? 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOD 900 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN NOT WHILE 220.1 certify that (1)(this hampital) attended the deceased from and that in (my) (and opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 77r. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DEDIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TITE OFFINAL) 22e ADDRESS BOX 2636 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) Lincoln STATE Lincoln Cemetery 4-6-87 Sussex De. Buria 24 FUNERAL DIRECTOR 250 DATER DE BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 (VRA 15, 4)

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DECEASED NAME 2a. DATE OF DEATH 1: SEX 5. DATE OF BIRTH MARRIED WEVER MARRIED WIDOWED DIVORCED | OR OTHER INSTITUTION 12x USUAL C IS MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMAN (YES NO OR MIKNOWN) (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse last. CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? NIa 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220 I certify that (1) Ithis hospital) attended the deceased from. obave, (1) (we) (did) (did not) view the body ofter death THE SECHATURE DEGREE ATTENDING MEDICAL 22e ADDRESS MD 706 230 NAME OF 23b DA 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

DEPARTMENT OF HEALTH AND MENTAL HYGIENE . STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. THE YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 17b. KIND OF BUSINESS, OR INDUSTRY CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE , and that in (My) (our) opinion death occurred on the date and haur and from the causes stated 22c. DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN SALISBURY IRAR 256. REGISTRAR'S, SIGNATURE (VRA 15. 4)

STATE OF MARYLAND



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STATE OF MARYLAND

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TO FUNERAL DIRECTOR, After this certificate has been signed be should be detached for use as the buriol-transit permit. Then piles: with the State Dept. of Health and Mental Hygiene prior to buriol, IMPORTANT: If them 21 is marked or them 18 shows any injury, or o

Holloway Funeral Home, P.A., Salisbury, Maryland

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIEN

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DHMH - 16 60M 7/B4 (VRA 15, 4)

4/21/87 Burial 24 FUNERAL DIRECTOR

Modest Town Cemetery Parksley, Va.

23d LOCATION CITY OR TOWN Modest

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Town

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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State Anatomy Board

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NOS DECEASED NAME TO DATE KNOWN TX MONTH (TYPE OR PRINT) ESTI-Ruth H. DEATH MATED Parsons 1906 1087 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. DATE OF BIRTH 2t. DATE MONTH LAST BIRTHDAY PRONOUNCED 18 Female White 9 68 1906 DEAD 1087 YRS BIRTHPLACE (STATE OR LITIZEN OF WHAT COUNTRY 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED Maryland USA Wicomico WIDOWED [DIVORCED CITY OR TOWN OF DEATH IL NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Salisbury Hospital Peninsula General Homemaker Own Home 3a STATE COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS YES NO & Rt.3-Box 140 13c. CITY OR TOWN Maryland Worcester Pocomoke 21851 L FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Goldsborough Hurley Alma. Dunton WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT **ADDRESS** No James T. Parsons, Pocomoke, Maryland 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hypertensive Cardiovascular Disease vears DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 In CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO IX 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH TIE PLACE OF INJURY (AT HOME 211 LOCATION TO MEDICAL EXAMINER: THIS CEI EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3: ATER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK AT WORK CITY OR TOWN STATE Inspection X 220 I certify that I took charge of the remains described obove, held on Autopsy Notural causes death resulted from: Suicide Hamicide ___ Undetermined manner TITLE (SPECIFY) ACTUAL Deputy 4-21-87 MEDICAL EXAMINER EXAMINER'S NAME John M. D. ADDRESS. Salisbury. TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE STATE 4/24/87 Burial Bates Methodist 07/84 Snow Hill, Maryland 25AA 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 1256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) Norman F. Dennis. Snow Hill, Maryland

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	INE TO CO.		death result			ol causes \$		Accident		icide	. Homic			ermined mo			opinion		
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	TO MEDICAL EXAMINER: 1 EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORV TO FUNERAL DIRECTOR: P AFTER DEBATH, WITH THE ST BALTIMORE, MARYLAND, 21:	23a.B	URIAL, CREMA					23c. N	AME OF CE	METERY C	RCREMATO	DRY	23d. LC	CATION			OUNTY		
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noy be	9	3 SE:	De	anah 1. RACE	D.	5. DATE O	E RIRTH	6 AGE (IN YEARS LAST BIRT	rox) I	UNDER I YEAR	IF UNDER 24 HRS
ge 4 m	010	3 32	Female	Wh	ite	Marc	h 2 1909	78		ONTHS DAYS	HOURS MIN.
4. 10 G	27/		RTHPLACE (STATE OR FOREIC	76 CITIZEN C	F WHAT COUNTRY?	8 MARRIED	NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY C	F DEATH	
deot	30	10.6	N.C.	LI NAME O	1. 5.	WIDOWE		Wicomico	201		MD
s ofter by the	8	Sa	ty or town of death lisbury	Penin	SUCH FACILITY, GIVE STREET ISULA Gene	ADDRESS)	spital	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE)	126. KIND OF INDUSTRY	BUSINESS OR
BALTIMORE, MARYLAND 2120	3		AL RESIDENCE (IF NURS THE TATE	ME OR OTHER INSTITUTE OUNTY	13c. STY OR TOW		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE	reet	21853
Art A	0	14. F.A	THER'S NAME	MIDDLE	LAST	THE	15 MOTHER'S MAIDEN NA		1) ()		
MA bet of	18/0		riks!	MIDDLE	LAST		Bay			Nich	rob
ORE,	9		VAS DECEASED EVER IN U	.S. ARMED FORCES		PRITY NO.	17. INFORMANT	ADDRE	SS	,	
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			PART I. DEATH WAS C	nter only one couse p CAUSED BY. REDIATE CAUSE (0)	Hutenio	sclen	tic Cardiovas	ulan Visea	_s.e	BETWEND	MATE INTERVAL BINSET AND DEATH
S NO	0 t t		174/14		OR AS A CONSEQU	ENCE OF				1	
deot	ove or ion,		Conditions, if ony, whi	ich ((b)							
W. PR	cremo		gove rise to immedia couse (a), stating to underlying couse la	he DUE TO.	OR AS A CONSEQU	ENCE OF					
OS, 201	o burio lury, or	z	PART 2 OTHER SIGNIFIC	ANT CONDITIONS	CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	N IN PART 10	
w red	prior t	CERTIFICATION	19a. DATE OF OPERATION	19b CON	IDITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUTOPSY?	20b. IF YES,	WERE FINDIN	GS USED
he lo	ene ene	TE	Marine St.					YES NOT	IN CERTIFY!	NG CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS NG PHYSICIAN: The low requi ottending physicion. Ifer this certificate has been sig	n 18 sh		210. ACCIDENT WAS UNDERLYS	OF DEATH HOUR	OF INJURY A.M. MONTH D		21c. HOW INJURY OCCUR			hand .	
PHYSICIA ending pl	Mentol I	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX		P.M. E OF INJURY	19	211 LOCATION		-		
IVISI	ond ond	N.	WHILE NOT WHILE [(AT HOME.	STREET, FACTORY, OFFICE,	ARM, ETC)	STREET	CITY OR TOV	VN	COUNTY	STATE
A Aft	eolit eolit s mo		220.1 certify that (1) (this			1-0	Le 11 19 6 C	10 Apr	22 , 19	X	hot (We) lost
ATTER spirtol	of H 213		saw the deceased of obove (1) (we) (did)(did not) view the bo	dy ofter death.	87. on	d that w (my) (our) opinion	death occurred on the da	te and hour o	and from the c	ouses stated
OR ho	Dept Dept		226. SIGNATURE	-0			PEGREE ATTENDING	MEDICAL STAF		22c. DATE S	IGNED
TAL by th	e ⊕		22d. PHYSICIAN'S NAME	36 Ju	Uhrley	W		DIRECTOR PHYSIC		14-2	-3-X (
O HOSPITAL efoined by t	A he	- 4	ZZE. PHISCIANS IVAME	(TYPE ORPKINT)			THE ADDRESS				
ro H	IMP (MIT)	73n. 5	MIAL, CREMATION, REM	OVAL 236.DATE	1236	NAME DE CE	METERY OR CREMATORY	234 ADCATION ,	1	0	
BP	1	1	SICIEY)	4/2	787 H	Pal	Od .	Z CITY ON TOWN	4	Anna L	1 mg
DHMH - 16	60M 7/94	24.71	MEIL DIRECTOR D	1/100	1	TUDAS	25R/PA	W REC'D SY TO DE THAN	Sh REGISTE	Ka Harris	Black
(VPA			sterest 1.2	1 suman	J. Blues	JAn	ne WIA	100.			THE STATE OF

Demand Demands of the Benefit Female White M.C. _____U.S. Mid Sensor to Boy of 1 Pag Heer 2143 Colored year and the second section of the second

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. L DECEASED NAME 74. DATE KNOWN TO (TYPE OR PRINT) ESTI-Perdue JONERAL DIRECTOR.
FOR YOUR FILES.
WITHIN 72 HOURS
JONESTON STREET. Albert James DEATH MATED 10 87 4. RACE & AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS DATE OF BIRTH DATE LASJ BIRTHDAY) PRONOUNCED 10 872012 White DEAD Male In RIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED TO NEVER MARRIED FOREIGN COUNTRY USA SALISBURY WIDOWED [DIVORCED [Wicomico AGE 5 FILED, II CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Peninsula General FOREMAN/WICOMICO CO. LANDFILL Salisbury USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS PARSONSBURG ROAD/21801 MD WICOMICO SALISBURY 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE NORMAN ALBERT PERDUE MOORE PEARL EDITH 17 INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) 217-30-8104 NORMA L. PERDUE, PARSONSBURG, MD NO APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 CERTIFICATION Diabetes Mellitus FORWARDED TO THE CHIEF M TOR: PAGE 3 SHOULD BE USED A I THE STATE DEPARTMENT OF HEA AND, 21201 PRIOR TO BURIAL, C 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO 1 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITING A SHOULD BE FORWARDED FOR THE TO FUNERAL DIRECTOR, PAGE 3 AFTER BEATH WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY WHILE AT WORK Inspection X Inquiry X 22a I certify that I taok charge of the remains described above, held on and in my opinion Autopsy death resulted fram: Natural causes Accident Suicide Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL SIGNATURE 4-2-87 DATE Denuty SIGNED EXAMINER'S NAME Bulkeley M.D. John **ADDRESS** 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE STATE SALISBURY BURIAL WICOMICO 4-4-87 WALSTON SWITCH CEMETERY 07/84 BP 25M 24 FUNERAL DIRECTOR 256 REGISTRAR'S SIGNATURE 250. DATE REC'D. BY REGISTRAR Adia Tindron Pondage **DHMH - 17** ZELLER FUNERAL HOME, SALISBURY, MD (VR A15 ME (5))

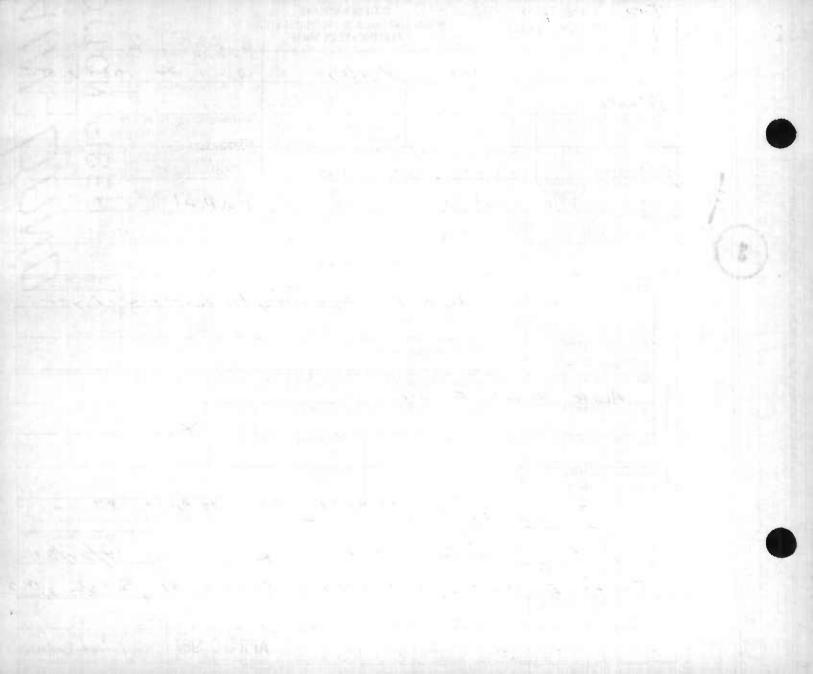
STATE OF MARYLAND

STANDARD REPORT OF THE PROPERTY OF THE PROPERT

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 1- STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME KNOWN XX (TYPE OR PRINT) OF ESTI-Frances 2026 25 19 87 M. Powel] 4 RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE PRONOUNCED Remale White 2026 TO BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTEMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S. Wicomico Maryland WIDOWED X DIVORCED 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS Salisbury Peninsula General Hospital Ret. Teacher HUNCOUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS Somerset Anne YESXX NO A FATHER'S NAME 15 MOTHER'S MAIDEN NAME Florence Moore Ernest 16h SOCIAL SECURITY NO. 17 INFORMANT ADDRESS207 Linden Ave. 215-20-2225 Elmo W. Powell, Jr. Pr. Anne, Md. 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Respiratory Arrest DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which Chronic Obstructive Pulmonary Disease years gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT HOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO Fractured hip: Generalized Arteriosclerosis 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? 4-24-87 Fractured left hip YES NO IX 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) patient lost balance and fell CONTRIBUTING A CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY (ATHOME AT WORK AT WHILE STREET, FACTORY, FARM, ETC. Rt.50&CivicAve., Salisbury, Wicomico. Md. Home Nursing Inspection X 22a I certify that I took charge of the remains described above, held an Inquiry X Autopsy Notural causes Accident Suicide Hamicide Undetermined monner 4-25-87 Deputy DATE TYPE OR PRINT) John T. Bulkeley, M.D. ADDRESS Salisbury, Maryland **DHMH - 17** www.fon-Randelle (VR A15 ME (5))

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		CEASED NAME FIRST	WIDDLE		LAST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
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moy er d	3. SE	X	4 RACE		OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER I YEAR IF UNDER 24
ge 4 ector urs off	J	emale	White	Se		62	YRS. DAYS HOURS A
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is the feet	1	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE		OR OTHER INSTITUTION	TYPE OF WORK FOR MOST OF WO	RKING LIFE) 126 KIND OF BUSINESS INDUSTRY
à à 3 L	Sa	lisbury	Peninsula Ge	neral H	ospital	Homemake:	r,
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主 主流 本门	111) F/	ATHER'S NAME	MIDDLE LAS		15. MOTHER'S MAIDEN NA	AME	
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(M.		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL	SECURITY NO.	17 INFORMANT	ADDRESS	
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ne lo	드	The state of the state of				YES NO NO	CERTIFYING CAUSES OF DEATH?
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DHMH - 16 60M 7/84		NAME		PRESS		APR 3 0 1987	Lia Deviden Pandal
(VRA 15, 4)		THOMAS FUNER	AL HOME CAMP	RIDGE.	MD	חוווע טייין	man horacotes. Concor



1/		-	FOR [:] 40000	31-63 52	STATE OF MARYLAND	INCIPAL	
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YOU	. poo	3 SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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YLAP thin 3	short iner	14. F/	ARYLAND WILL		15 MOTHER'S MAIDEN		HUG VALS, MA
AAR d w			John	W. Smil	EY RACHE	MIDDLE	Smiley
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PECC Iow	s beermit e prid	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	HICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH?
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ONC OISA	ding ding Ment	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)	P.M. 21e. PLACE OF INJURY	211 LOCATION		
DIVISION OF VITAL	orten s the and ked c	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
2 2	S mor		22a 1 certify that (I) (this hasp	nital) attended the deceased fr	om, 19	, to	, 19, that (I) (we) lost
ATTE	Spito CTO Ifor of H		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body ofter death.	19, and that in (my) (aur) apin	ion death accurred on the date and	hour and from the causes stated
080	DIRE Dept Dept		226. SIGNATURE	1 1/1	DEGREE ATTENDING	WMEDICAL STAFF	ZH. DATE SIGNED
ITAL	ERAL State det		22d. PHÝSICIAN'S NAME (TYPE	on A ove	PHYSICIAN 220 ADDRESS		14/1/67
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0	show with	23a	BURIAL, CREMATION, REMOVAL	1. MEYER MD	23¢ NAME OF CEMETERY OR CREMATOL	RY 23d. LOCATION	
	BP		BULO A	4-11-87	Zion Chuech Canà	/ CITY OR TOWN	LICONICO NO
	IMH - 16 60M 7/84	24 F	JNERAL DIRECTOR	1		DATE REC'D. BY REGISTRAR 256. REG	GISTRAR'S SIGNATURE
OH.	(VRA 15, 4)	G	ladys Stewa	et west Rd	5 Alisbury Mal	PR 20 1987 Julia	Dindern Rendelle

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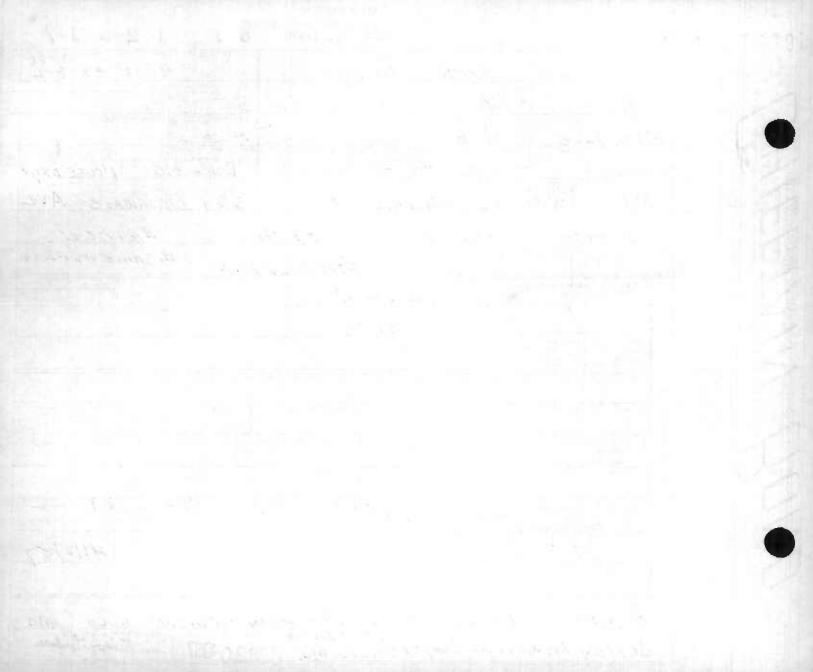
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2 20 /3		Male	40-4	White	08	01 1	1927	59	YRS.	
2 42 14/1	7a. B	RTHPLACE (STATE ORF	OREIGN 76 C	ITIZEN OF WHAT COU	VTRY? 8		0 B	ALTIMORE CITY OR CO		
4 25 70 10		Tale		211		NEVER MARR	CED W	icomico		
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1 11000	10	lisbury		eninsula G		spital	K	etired Storek	aper	
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2 17 27		Md	Some	_1.	tover	YES NO	_ //	18921871	CODE	
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5 50 /5/4	4	VAS DECEASED EVER	ALLIE ABASE	FORCES IVI SOCIA	L SECURITY NO.	17 INFORMANT	4	ADDRESS	Jau	nder
A 25 9/7.		res, NO OR UNKNOWN)	(IF YES, GIVE WAR	OR DATES)		A 1 10	AA 1 1		1 6	^
		Yes	WW	TT ×14-	32-7028	Nellie	McWh	vorter, W	est brove	, Pa
4		18 CAUSE OF DEAT	H (Enter anly an	e cause per line far (a),	(b), and ic			-	APPROXI	MATE INTERVAL
2 1991		DADTI DEATH M	ACCALICED BY			reinoma	of 0	ccult Pr.	mar /	600
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# 880 to				DUE TO, OR AS A CON	SEQUENCE OF		-	11512		
de d	1	Canditions, if any,		(b)						
4 4555		gave rise to imm cause (a), statin	g the	DUE TO, OR AS A CON	SEQUENCE OF					
to the first	1	underlying cause	lost.	(c)						
6 600		PART 2 OTHER SIGN	IFICANT CONE	DITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO T	THE TERMINAL	DISEASE OR CONDITION	ON GIVEN IN PART LIE	11
Day of	Z O									
11117	18	19a DATE OF OPERAL	ION	196 CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	D 2	On AUTOPSY? 206	. IF YES, WERE FINDIN	IGS LISED
0 000	분							IN IN	CERTIFYING CAUSES	OF DEATH?
28 111 1	- 5			ALL THE OF BUILDIN		Tai Howen town		ES NO SO	YES	NO 🗌
2 2 3 9 £ 8	0	210. ACCIDENT WAS UND		21b. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	TIC HOW INJURY	OCCURRED	ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)	
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4 5 4 5 B		A: 110				1001	. 09	/ 4	1 03	
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京名 祭育事業		226. SIGNATURE		~?		DEGREE			22c. DATE	SIGNED
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E1 82831	1	22d. PHYSICIAN NA	ME (TYPE OR PRIN	T)		27e ADDRESS	ICIAN DI	CCTOK PHISICIAIN		0
HOS Simed Sould by Host		64			4. 0					
Of Odd A	-	Van	es E.	Martin	, M.O.	145 E	- Car	roll 5t.	, 201:55	Ury M
to have	23a 1	URIAL, CREMATION,	REMOVAL 23	b DATE	23c NAME OF C	EMETERY OR CREM	ATORY 2	3d LOCATION		
BP		Burnel			01	ruett	1	Whitesburg	Wacrete	Ma
	24 F	INERAL DIRECTOR					25a DATE REC		REGISTRAR'S SIGNAT	URE
DHMH - 16 60M 7/B4			11.	man Pr.	DRESS		ADD	1000		
(VRA 15, 4)		James L	· //10	man fr.	HOOK.	Md	AFR	7 1987 Hu	ia Dividion. R	indall

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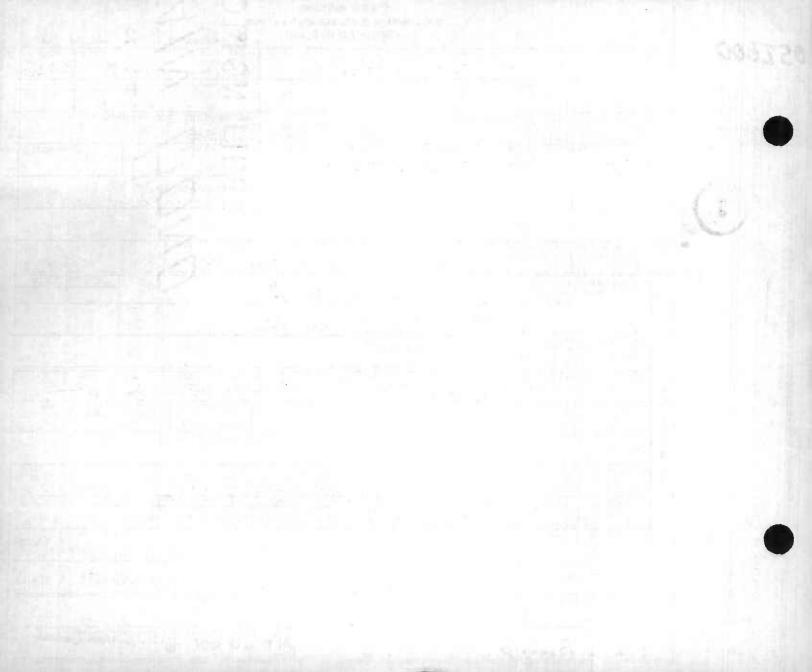
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moy er de	3. SE	(4 RACE		5. DATE C		25.0	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
ge 4		Female	W	hite	word	9 17	1912	74	RS.	
9 P P P		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 MARRIE	NEVER	MARRIED T	9. BALTIMORE CITY OR COU		
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· · · · ·	10 C	Salis bury		HOSPITAL, NURSIN		11	TITUTION	120. USUAL OCCUPATION (1) PE OF WORK FOR MOST OF WORKED Retired Day	NG HEEL INDUSTRY	OF BUSINESS OR
212 hour	Linus The S	AL RESIDENCE IN NURSING HOP	AE OR OTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	13d INSIDE C	ITV HAAITE?	III- STREET ADDRESS / 7ID C	CODE	11-2-11
S 2 1		Maryland V	Vicomico	Salisbur	У	YES TO	NO [13. STREET ADDRESS / ZIP C	Street	21801
事情が	14 FA	THER'S NAME	MIDDIE	1467		15 MOTHER"	S MAIDEN NA	ME		
MARYLAND ed within 24 mple in Fills mb 3 shoul	3	George	MIDDIE	Killmon		Gr	ace	WIDDLE	Hatton	AST
		VAS DECEASED EVER IN U.S	ARMED FORCES?	166 SOCIAL SECU		17 INFORMA	INT WI	right ArtiARantz	(Son)	N KOTOLET
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BALTIMORE, cate be executable by sician and copers. Pages I wol.		18 CAUSE OF DEATH (Ente	er anly ane cause pe	r ling fay (a), (b), an	d (cyr)					DXIMATE INTERVAL N ONSET AND DEATH
T., ph		PART I. DEATH WAS CA	USED BY: DIATE CAUSE (a)	CHRO	710	Kes	p- /1	mnest		
			DUE TO, C	OR AS A CONSEQUE	NEADE	20				
deotl deotl ove o non,	-70	Canditions, if ony, which		N NO N CONTRACTOR	01	7				
W. PRESTON of the death or the ottendin remove corp remotion, or		gove rise to immediate cause (a), stating the		OR AS A CONSEQUE	NOF BE	7	.1	- 0		
W hot hot		underlying cause last	: ((c)_	115	01.	/	15	72		
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DIVISION OF VITAL RECORDS, ING PHYSICIAN. The low requir of the the control of the broad from the control of the ond is control of the contro	CERTIFICATION	190 DATE OF OPERATION	196 CONE	ITION FOR WHICH	OPERATIO	WAS PERFO	RMED		F YES, WERE FIND ERTIFYING CAUSE	
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SICIA D	CAL	(IF EITHER NOTIFY MEDICAL EXAM	TUCKIN	.M.	19					
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Sprite Sprite Of Programme Of P		saw the deceased aliv above (1) (we) (did) (di	d not) view the body	y ofter death.	on an	d that in (my)	(aur) opinion	death occurred an the date and	hour and from the	e causes stated
OR PORE		226. SIGNATURE		Cree	-	EGREE	77510000	tieblest d cries	22c. DAI	ESIGNED
14 14 6		72	1		A			MEDICAL STAFF	1 4	11 87
HOSPITAL need by the FUNERAL old be det on the State		22d PHYSICIAN'S NAME IT	YPS OR PRINT)			22e ADDRES	50	1600	21	V11
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7 € 1 2 3 5		URIAL, CREMATION, REMO		236, 1	AME OF C	EMETERY OR	CREMATORY	23d LOCATION	ALLA COUNTY .	A A STATE
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DHMH - 16 50M 4/83	1.00	INERAL DIRECTOR	1.11	D A ADDRESS			250 DAT	E REC'D. BY REGISTRAR 25b. RE		
(VRA 15, 4)	1	Holloway Funei	al Home,	P.A., Salis	oury,	vid.	541.1	1151987 Alia	Tiondon Po	ndaca

FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 7 1 2 F 0	1
7 APR 21 7 REGISTRAR	CERTIFICATE OF DEATH	0 / REG. NO. 2 3 0	1
1. DECEASED NAME FIR		20. DATE OF DEATH MONTH DAY YEAR 26	HOUR 5
(TYPE OR PRINT) LED		9 12 37 6	0-A1
3 SEX	4. RACE S DATE OF BIRTH MONTH DAY YEAR	MONIHS DAYS HO	UNDER 24 HRS
25 20	BIK 12 1 51	35 YRS.	
70. BIRTHPLACE (STATE OR FOREK	76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH	
THE LEAN CALE.	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	Wicomico 120 USUAL OCCUPATION 126 KIND OF BU	MD
43	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY	Jainess OK
Salisbury USUAL RESIDENCE (IF NURSING H	Peninsula General Hospital Me OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION	Domestic. House	myn.
STATE V	COUNTY 136. CITY OR JOWN 138. INSIDE CITY LIMITS?	324 DELAWAYE	Ave
A FATHER'S NAME	MIDDLE 1) AV 155	MIDDLE MORRELL	,
160 WAS DECEASED EVER IN U	S ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	ADDRESS AND ASA	a hours
(YES, NO OR UNKNOWN)	Ethe Moe	blin Awishme ASP	THE
18 CAUSE OF DEATH (E)	iter only one couse per line for rot, (b), and rotal	APPROXIMATE BETWEEN ONSE	E INTERVAL ET AND DEATH
2 4 2 4	EDIATE CAUSE (o)		
corbin or notic	DUE TO, OR AS A CONSEQUENCE OF		
Conditions, if ony, wh	ch (b) AEVS		
couse (o), stoting			
DART 2 OTHER SIGNIES	ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	AIN AL DISEASE OF CONDITION CIVEN IN PART 1:-	
	ANT CONDITIONS CONTRIBUTING TO BEATTH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION GIVEN IN PART 110	
NO DATE OF OPERATION 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLY.	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS	
ow Comments		YES NO YES NO YES N	NO []
On CONTRIBUTION CONTRIBUTION	LICUID A MA MACHITHE DAY VEAD	RED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)	
OR CONTRIBUTING CAUSE OR CONTRIBUTING CAUSE OF CONTRIBUTING CAUSE	AMINER) P.M. 19		
21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN COUNTY	STATE
WHILE NOT WHILE AT WORK			
220.1 certify that (1) (was	hospital) attended the deceased from 71 19 9	death occurred on the date and hour and from the cous	t (I) (we) lost
obove, (I) (i) (ii) (iii) (iii) (iii)	did not view the body ofter death. DEGREE		
Dood #	D ATTENDING	MEDICAL STAFF	110
22d PHYSICIAN'S NAME	PHYSICIAN (TYPE OR PRINT) 122¢ ADDRESS	DIRECTOR PHYSICIAN 97112	18/
No seld by the b			
230 BURIAL CREMATION, REM	OVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BURAL	4-18-87 Spring hill men 6	Hebran Wica	Md
24 FUNERAL DIRECTOR	Rt #2 Lox 92050 DA	TE REC'D. BY REGISTRAR 25) REGISTRAR SHONATURE	
(VRA 15, 4)	emorial Chapel SALis, Md. M	P 2 0 1987 Julia Devider Ken	MALL

STATE OF MARYLAND



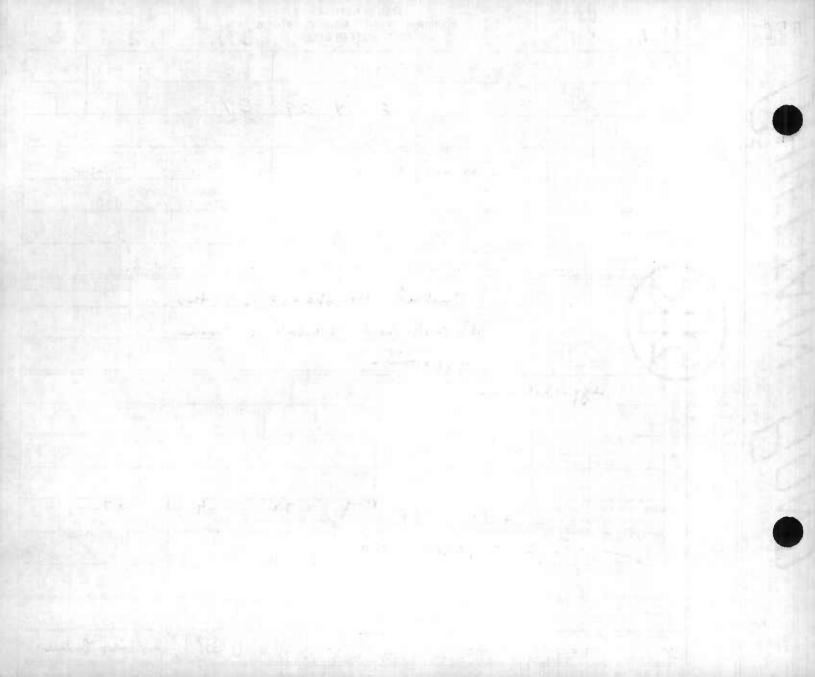
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XV	1.	FOR STATE		DEPARTA		ALTH AND MENTAL HYG	IENE P	2 4	0.8
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poge r dec	3. SE		4 RACE	-l- •	IS DATE OF		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR	R IF UNDER 24 HRS
tor.	1	M		В	MONTH	nber 19, 1925	61	MONTHS DAYS	HOURS MIN.
Pogg direction		IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8		9 BALTIMORE CITY OR CO	UNTY OF DEATH	
n 72	1	Pennsylvania	U	ISA	WIDOWED	NEVER MARRIED DIVORCED	Wicomico		MD
de fe		ITY OR TOWN OF DEATH		HOSPITAL, NURSIN	IG HOME OF	OTHER INSTITUTION	126. USUAL OCCUPATION		OF BUSINESS OR
by th	Sa	lisbury	Penins	sula Gener	al Hos	spital	Retired	. ING (SPE) FINDUSTRT	
hour hour	JUSU 13q.	AL RESIDENCE (IF NURSING HOM	E OR OTHER INSTITUTION	136. CITY OR TOW		13d. INSIDE CITY LIMITS?	136 STREET ADDRESS / ZIP	CODE 99	1994
AND 24	De	laware S	Sussex	Seafor	d	YES NO	332 North S	Street/199	973
RYL A STORY	计约	ATHER'S NAME FIRST	MIDDLE	LAST		15 MOTHER'S MAIDEN NA	WE	LA	AST
¥ 2 5/L	1/	Clarence			ts.Sr	Dorothy	ADDRESS	Rol	berts
ond o			ARMED FORCES?	166. SOCIAL SECU		17 INFORMANT			
LTIPA inguing	-	No		221-14-		Louise Robe	rts 332 North		
hysic pope povol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	r anly one couse pe USED BY:	er line far (a), (b), and	avdi	ne Armst		BETWEEN	XIMATE INTERVAL N ONSET AND DEATH
Certificant plans		IMMED	OIATE CAUSE (a)			- HIVOS			
STOP tending		Conditions, if any, which		DR AS A CONSEQUE	SQ A	tic shock			
PRE de de de montre de		gove rise to immediate cause (a), stating the			3	***			
by that the cree of the		underlying cause last	(6)	DR AS A CONSEQUE	ENCE OF				
8 1 2000		PART 2. OTHER SIGNIFICAN	NT CONDITIONS	ONTRIBUTING TO	DEATH BUT N	RELATED TO THE TERM	INAL DISEASE OR CONDITIO	N GINEN IN PART 1	lio
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1 1110	CERTIFICATION	190 DATE OF OPERATION	IN CON	Эπю@ ғо# Wнісн	OPERATION	WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSES	
The second		21a ACCIDENT WAS UNDERLYING	C) 215 TIME	OF INJURY		21. HOW IN HIRV OCCUR	YES NO	YES 🗌	NO 🗌
7 44 50 E	/	OR CONTRIBUTING CAUSE OF		.M. MONTH DA	AY YEAR	TIC HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	M 18 PART 1 OR PART 2)	
NO SERVICE AND	MEDICAL	21d. INJURY OCCURRED		OF INJURY	19	211 LOCATION			
A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN C	A.	WHILE NOT WHILE	(AT HOME, S	TREET FACTORY, OFFICE F	ARM, ETC)	STREET	CITY OR TOWN	COUNTY	STATE
A Ath		220.1 certify that (I) (this	aspital) attended t	her deceased from	4	10 70 8	1 4/16	10 87	, that (I) (we) last
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A A House	1	22b. SIGNATURE	nati view the bad	-T(D	EGREE		22c. DATE	ENSIGNEDEM
THE PERSON AND THE PE		Cuy	(crep -)	(an)	ol	D - ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN [5 4	(16(87
TAN SERVICE OF THE SE	,	224 PHYSICIAN'S NAME	PE OR PRINT)	0	- 0 1	22e ADDRESS	1	1 -1 -da	1
T PORT TANK		541-01	Liverside	0 01 - 2	Julson	818 and 1	ol co	pstanta	TAN
		BURIAL, CREMATION, REMOV	AL 23b. DATE		NAME OF C	METERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
999 BP47		Burial	April	22, 87 M	t. Cal		Concord	Sussex	DE_
DHMH - 16'60M 7/84	24 F	UNERAL DIRECTOR	0	ADDRESS		in pa	E REC D. BY REGISTRAR 251. R	GISTRAR'S SIGNA	REGICE
(VRA 15, 4)	1	Millian 17e	very, 10, 5	26 Union S	St Mi	Iton, DE	55.		



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	CE	RTI	FICA	ATE	OF	DEATH	

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			I. DE	CEASED NAME FIRST		MIDDLE	LAST		20. DATE OF DEATH		DAY YEAR	2b HOUR
	e 6		(TYPE	OR PRINT)	M	AE R	OBINSON			4 1	1 87	
	noy b		3. SE.		4 RACE	1	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BI		IF UNDER I YEAR	IF UNDER 24 HRS
	ector.			FEMALE	NEGRO		MONTH DA	+ 29	57	YRS	AUNTHS DATS	HOURS MIN.
	1.	126		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	MARRIED NEV	ER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	h	30		ARYLAND	U.S.		WIDOWED	DIVORCED	WICOMIC			MD.
	P e	(1)		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	G HOME OR OTHER	INSTITUTION	12a USUAL OCCUPAT		12b. KIND C	OF BUSINESS OR
201	by by	60		ALISBURY		MIAM			retired lab	orer	Cafet	eria
ND 21	24 hou	35	130 5	AL RESIDENCE (IF NURSING HOME O STATE 136 COU ARYLAND WIC	OMICO	13t. CITY OR TOW	N 113d INSID	DE CITY LIMITS?	13. STREET ADDRESS 815 Miami		21801	
712	ithin tely	りもみ		ATHER'S NAME	MIDDLE	LAST		ER'S MAIDEN NA	ME	73707		
MAR	n pa	感心	Li	ittleton	MIDDLE	Dennis	L	eah	MIDDLE		Jone	
	ecute d co	0 1	16a V	VAS DECEASED EVER IN U.S. AF		166 SOCIAL SECU	RITY NO. 17 INFO		ADDR	ESS	JOHE	3
MORE	e exe	med	- (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	222-16-14	468 Arth	ur G. Ro	binson/same	as abo	VA.	
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L RE	on on hos	eu e	F						YES NOT		YING CAUSES	S OF DEATH?
DIVISION OF VITAL RECORDS,	ysicite sote	Нуд	CERTIFICATION	210 ACCIDENT WAS UNDERLYING		OF INJURY	21c HOV	V INJURY OCCUR	RED (ENTER NATURE OF INJ			
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0	A P	ao lth		22a I certify that (1) (this hosp	ital) attended t	he deceased from	Rung	19.71	10 4	111	19 87	that (I) (we) lost
	TEN TO ROLL	21 ts		sow the deceased alive or	4	14 19	ond that in	my) (our) opinion	death occurred on the d	late and hour		, ,
	R ATTEN hospitol	e a		obove, (1) (we) (did) (did no 22b. SIGNATURE	of view the body	y offer death.	DEGREE				22c DATE	SIGNED
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	PITA by JERA	Story AN		224. PHYSICIAN'S NAME (TYPE	OR PRINT)		22e ADD		DIRECTOR PHISI	CIAIN		
	TO HOSPITAL retorned by the	MPORTAN										
	ot ot 0	3 3	23a F	BURIAL, CREMATION, REMOVAI	23b. DATE	123, 1	AME OF CEMETERY	OD CDEALATORY	23d LOCATION			
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			24 FI	JNERAL DIRECTOR	P+/ 1//0.	R .#	inghill Men	oad Isa DA	S Hebron	W1CC	RAR'S SIGNAT	Maryland
	DHMH - 16 (VRA 1			DLLEY MEMORI	VI CHY	DEI ADDRESS	sbury, Md.	21801 A	PR201987	Julia	Surden.	Rudale
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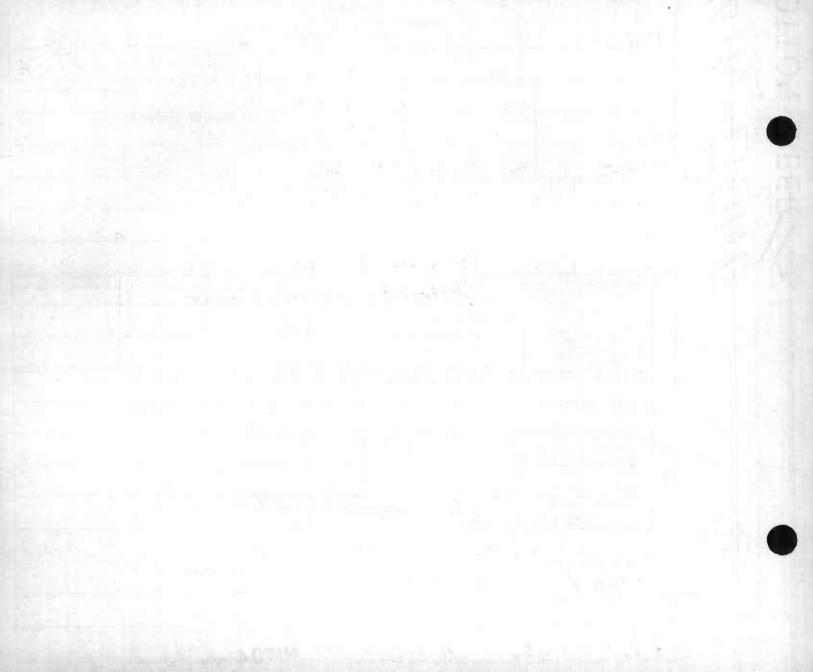


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME TYPE OR PRINT 3 SEX 4 RACE 6 AGE (IN YEARS LAST BIRTHDAY) IF LINDER TYEAR IE LINDER 74 HR MONTH YEAR 2 TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED 1(0m1'(0 WIDOWED T DIVORCED T 10mac IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR INDUSTRY Tresser aundry 13a STATE 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CUY LIMITS? YES IT NOF (omico Dalisbn awure 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST LAST - orenzo 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO LYES NO OR UNKNOWN) LIF YES, GIVE WAR OR DATEST 215-20-2184 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I, DEATH WAS CAUSED BY: 0 MOS DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON NO [21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21f LOCATION 21e. PLACE OF INJURY 50 (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE 22a I certify that this hospital attended the deceased from sow the deceased alive an 2 2 9 obove, (4 (we) (did) (did not view he body after death. , and that in (🛶) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATUR DEGREE 220 DATE/SIGNED ATTENDING MEDICAL TO FUNERAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS should 230 BURIAL, CREMATION, REMOVAL 231 NAME OF CEMETERY OR CREMATORY 23b DATE I SPEEHN Wem. DHMH - 16 60M 7/84 (VRA 15, 4)

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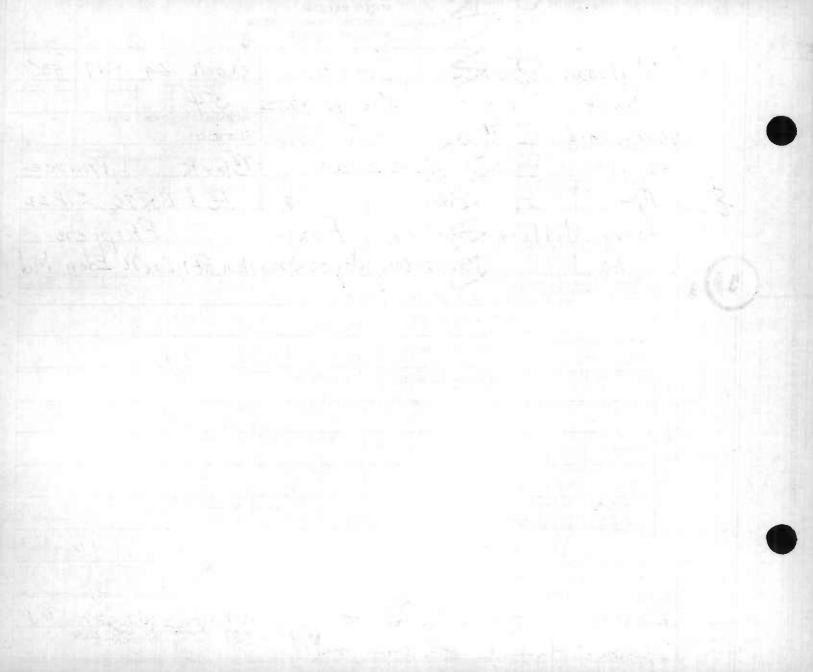
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- B	5 200		TY OR TOWN OF DEA	TH /	11. NAME OF HOSPITAL, NURSIN			G HOME OR OTHER INSTITUTION		USUAL OCCUPATION)N	TIZE KIND C	OF BUSINESS OR	
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> Z k	00 £ 00/		OR CONTRIBUTING		216. TIME C	OF INJURY .M. MONTH [AY YEAR	216 HOW INJURY O	OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18	PART I OR PART 2)		
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SION OF VII PHYSICIAN: ending physi		MEDICAL	214 INJURY OCCURE	RED		OF INJURY REET, FACTORY, OFFICE,	F. I. D. I. E. C. I.	211 LOCATION		CITY OR TOV	VN	COUNTY	STATE	
N Signature	After this e os the bis olth and N	Z	WHILE NOT WH	RK	(AT HOME, ST	REET, PACTORY, OFFICE.	FARM, EIC)	1	-		1		31.41	
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ATA	Pt. o		DESIGNATURE	id (did not)	view the body	fifter death.		DEGREE				22¢ DATE		
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	1			STATE OF MARYLAND		
	1	FOR - STATE	DEPA	RTMENT OF HEALTH AND MENTAL HY	GIENE	
0000 1110 .	^	REGISTRAR		CERTIFICATE OF DEATH	8 / REG. NO. 2 3	4
(/) ; [] -4	. U I	DECEASED NAME EIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26 HO	-
be 3 deoth		William	Thomas	Smullen	april 24 1987 15	35 M
mo)	1.	SEX AA	4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNI	DER 24 HRS
Poge 4		Ma/e	White	May 11/937	34 YRS.	s MIN.
a 12	2,4"	DOMEST AND THE OFFICE	76 CITIZEN OF WHAT COUNT	MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY OF DEATH	
9 13 3	17/	13r4/2nd	a.s.	WIDOWED DIVORCED	Wicomico	MD.
1 11 1	2-10	CITY OF TOWN OF DEATH	(IE NOT IN SUCH FACILITY, GIVE ST	RSING HOME OR OTHER INSTITUTION REET ADDRESS)	12th USUAL OCCUPATION 12th KIND OF BUSI	NESS OR
0 2 2		Salisbury	Peninsula Ger	meral Hospital	Clerk Produ	ce
212 hou hou		BUAL RESIDENCE (IF NURSING HE LO	OR OTHER INSTITUTION GIVE RESIDENCE B		130 STREET ADDRESS / ZIP CODE	
AND 24	15	71/2.	DOMERS Eden		Ht. 1 Box 76 218	22
RYL.	3 H	FATHER'S NAME	AIDDIE D LAST	15 MOTHER'S MAIDEN N	AME MIDDLE D/ LAST	
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W	1	(YES, NO OR UNIXNOWN) (IF YES, O	215-26	-6016 JOVICE Jm	ollen Rt Box 76 Eden	MN.
TW T AME	1	18. CAUSE OF DEATH (Enter of	only one couse per line for (a), (b	, and icid	APPROXIMATE IN BETWEEN ONSET A	JTERVAL ND DEATH
	8	PART I. DEATH WAS CAUS		Fio- Pulinoning	rneel-	
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C ≥ 5 5 5 5 5	9	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OR TOWN COUNTY	
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ATTENDI ospitol or SCTOR. A d for use t of Heol		sow the deceased alive a	9 4 24 117		death occurred on the date and hour and fram the causes	
		22b. SIGNATURE	not view the body ofter death.	DEGREE	22t. DATE SIGNE	D/0-0
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OSPITAL ed by t JNERAL J be de- he Stott	1	22d. PHYSICIAN'S NAME (TYPE	ORPRINI	22e ADDRESS	Chatalan CHAA D	5/1/0
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(400 13, 4)		James C	7	C. J. Prop. C. Prop. C.		



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	1	FOR			DEPARTM	VENT OF HE	ALTH AND	MENTAL HYGI	IENE			
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page 3 r death	TYPE	Charl	es			Steph	ens	5.69	April 22	. 198	7	8:30 Am
	3 SE	K	4	RACE		5. DATE O	FBIRTH		6. AGE (IN YEARS L		IF UNDER 1 YEA	
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edic	-{	YES, NO OR UNKNOWN)	IF YES, GIVE W	VAR OR DATES)								
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and and	CERTIFICATION	19a DATE OF OPERATIO	N	196 CONDITION	FOR WHICH	OPERATION	WAS PERFO	DRMED	YES NO	UINC	IF YES, WERE FIND ERTIFYING CAUSI YES [DINGS USED ES OF DEATH?
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n 21 is mo		22a I certify that (1) (the saw the deceased abave, (1) (we) (did	alive on	4-5	19.9	/		(our) opinion d	eath accurred an	the date an	d hour and from th	
AT: # Hee		27b. SIGNATURE	K	1200	n,,	MIR			MEDICAL DIRECTOR P	STAFF HYSICIAN	1/1/	-22-8)
with the State		K. Yoon,		RINT	I TO		Deer'		Center,	Salis	bury, MD.	21801
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STATE OF MARYLAND

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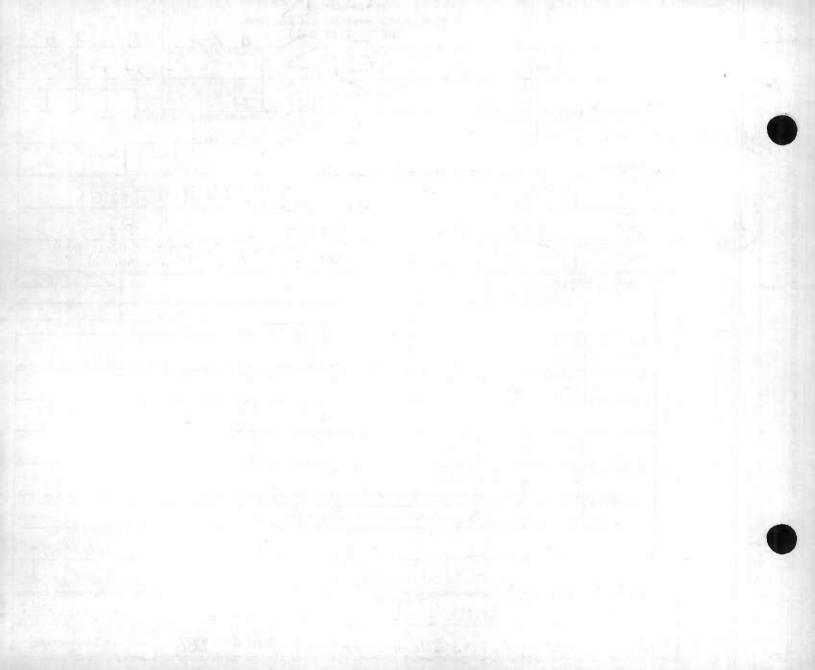
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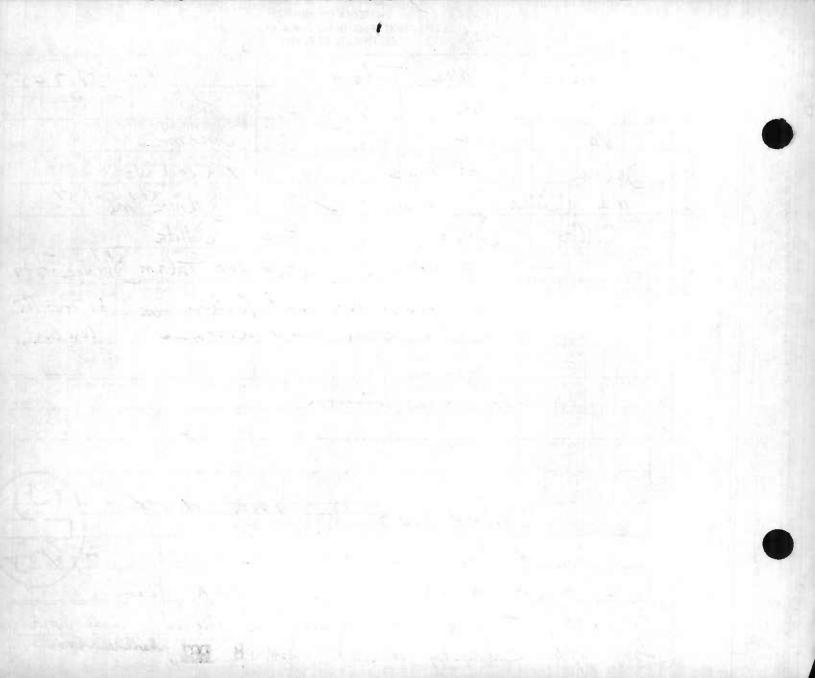
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Holloway Funeral Home, P.A., Salisbury, Maryland

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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 26 DATE KNOWN TIYPE OR PRINT DEATH MATED To 87 Thomas Thomas 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR 2d HOUR 5. DATE OF BIRTH IF UNDER 24 HRS. DATE LAST BIRTHDAY) PRONOUNCED 1:000 To 87 DEAD 29 Male White 11 86 86 & BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Wicomico County DIVORCED Delaware D CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) Bohnak Trailer Park Fruitland Salesman Real Estate AL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONE 13e. STREET ADDRESS 13h COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? P.O. Box 864 21826 Md Wicomico Fruitland FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE E. Robinson Andrew Thomas Frances P.O. Box 864DDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 7. INFORMANT Lot 33 (YES, NO, OR UNKNOWN) I (IF YES, GIVE WAR OR DATES) Fruitland, Md. 221-20-8340 Ms. Mary Rathel No APPROXIMATE INTERVAL TB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) Alcoholism 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? SHOULD BE USE EPARTMENT OF PRIOR TO BURN YES K 71a EXTERNAL CAUSE WAS 716. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART) OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, 211 LOCATION STREET, FACTORY, FARM, ETC 1 CITY OR TOWN COUNTY STATE WHILE WHILE AT WORK PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE: AFTER DEATH, WITH THE STATE D BALKIMORE, MARYLAND, 21201 229 I certify that I took charge of the remains described above, held on Autopsy Natural couses X Accident Hamicide Undetermined manner TITLE (SPECIFY) **ACTUAL** Deputy ChiefMEDICAL EXAMINER 4-15-87 SIGNATURE Ann M. Dixon, ADDRESS 111 Penn St., Baltimore, MD 21201 234 LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 4-16-87 Removal 07/84 BP 25M 24 FUNERAL DIRECTOR **DHMH - 17** (VR AT5 ME (5)) Balto., Md. State Anatomy Board

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR L DECEASED NAME OR PRINTI MILFORD 6. AGE (IN YEARS LAST BIRTHDAY) I. SEX IF UNDER I YEAR White Male June 22, 1910 BALTIMORE CITY OR COUNTY OF DEATH a. BIRTHPLACE I STATE OR FOREIGN TE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY USA Wicomico DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION M. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION 12b. KIND OF BUSINESS OR Peninsula General Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
ASSembly INDUSTRY Salisbury Cutlery Mfg. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
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1132. CITY OR TOWN 13. STREET ADDRESS / ZIP COSackertown Rd. 134 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Somerset Crisfield Rt. 1 - Box 324 NO K FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST Frank Thornton Gable Dora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT ADDRESS 166 SOCIAL SECURITY NO. LYES, NO OR UNKNOWN 313-01-0973 Iantha N. Thornton - same as 13 abcde APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO NO [21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 19 21d INJURY OCCURRED 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased anye on above, (Swe) (Sud) (did not) view the body after death. and that in ((our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE THE DATE: ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 4/4/87 Asbury Cemetery Crisfield- Somerset Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 26 REGISTRARY SIGNALURE Bradshaw & Sons - Crisfield, MD 21817

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8 15	-		aryland TY OR TOWN OF DE	ATH		SA HOSPITAL NURS	WIDOWE O	DIVORCED DIVORCED		COMICO		TISE KIND OF	MD.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be exercised within 24 hours of the adming physician. When this certificate has been signed by the offending physician and completely filled in by as the buriol-transit permit. Then please remove carbon papers. Pages and 2 should be file.	Se C	- 200	Lisbury	RSING HOME OR		sula Ge		Hospital	Res	earch	rarm	chic	ken
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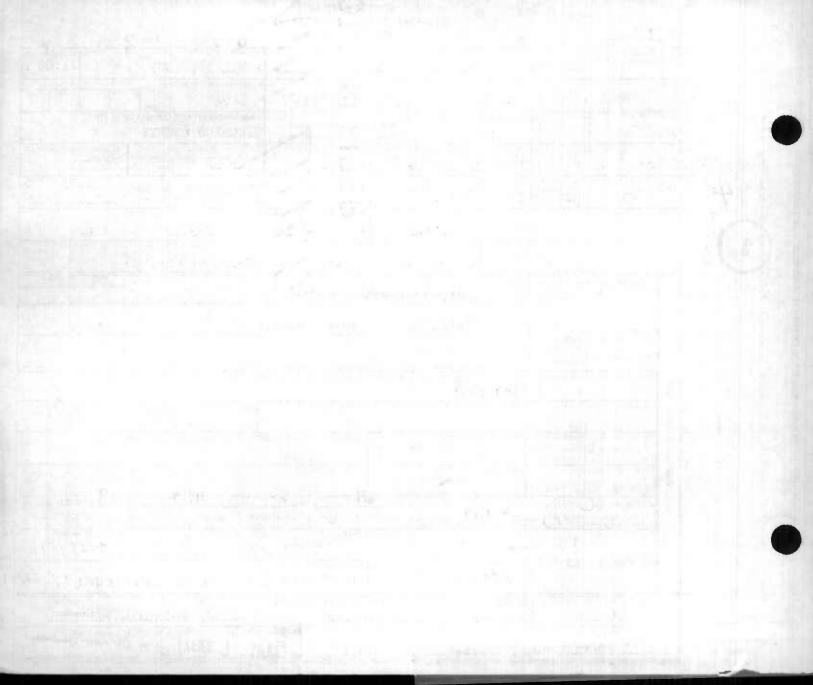
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no bermine prince	CERTIFICATION	19a DATE OF OPERAT	ION	19b. CON1	DITION FOR WE	HICH OPERATIO	N WAS PERFORMED	200 AU	NO D	IN CERTIFY	WERE FINDING CAUSES	NGS USED OF DEATH? NO
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ING PHY: r attendir After this as the bu Ith and M torked or	MED	21d. INJURY OCCURRI	LE		E OF INJURY TREET, FACTORY, OFF		21f LOCATION STREET		CITY OR TOWN		COUNTY	STATE
R ATTENDI hospital or RECTOR. A sed for use spt of Heal		sow the decease obove. (J) (we) (d) 22b. SIGNATURE	d olive on _ id) (did obt)	view the bod	y ofter death.	19, a	nd that in (my) (our) apinio	n death occur	red on the dote	and have	ond from the	
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TO HOSPII retained b TO FUNE should be with the Si	220 (5.1	A AB	RONS M		B104-560			SAL	.ISBUR	y, mo. 218
BP		BURIAL, CREMATION, R SPECIFY) BURIAL		23b. DATE 4-22-		ALLEN C	EMETERY OR CREMATORY EMETERY	ALL ALL	EN, WI	COMIC	O, MARY	YLAND

DHMH - 16 60M 7/84

(VRA 15, 4)

ZELLER FUNERAL HOME, SALISBURY, MD 21801

250. DATE REC'D. BY REGISTRAR 250. REGISTRAR S SIGNATURE
MAY 5 1987 Julia Decident Landers



	1			STATE	OF MARYLAND			
	1.	FOR STATE	DE		EALTH AND MENTAL HY	GIENE		
5 1 7 0 3 100 2	2.8	REGISTRAR		CERTIF	CATE OF DEATH	8 7 REG. NO	0. 2 5	3 0
ms		EASED NAME FIRST	WIDDIE	Ł	isi	20 DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
may be page 3		Willia Willia	m L.	W	EEKS	APRIL	7 1987	0840 W
may free de	3. SE		4 RACE	5. DATE O	F BIRTH DAY YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS
Poge 4		Male	Black	11	13 33	5.	3 YRS	
death. P. death. P. death. P. death. P. death. P. death.	7a Bi	RTHPLACE (STATE OR FOREIGN OUNTRY Virginia	U.S.A.	MARRIEI WIDOWE	NEVER MARRIED DIVORCED	Wicomico	R COUNTY OF DEATH	MD.
by the filled with	12.5	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV Peninsula Ge	E STREET ADDRESS)		120 USUAL OCCUPATION OF THE CONTROL OF WORK FOR MOST OF THE CONTROL OF THE CONTRO	DE WORKING LIFE) 126 KIND C INDUSTRY	-Employe
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BALTIMORE, MARYLAND cate be executed within 24 special and completely filles opers. Pages 1 and 2 should over: 'the gredical examiner and	14 FA	THER'S NAME Edward	Meeks LA	NST .	Mozella	AME	Giddins	st
RE.		VAS DECEASED EVER IN U.S. AR		L SECURITY NO.	17 INFORMANT	ADDRE		
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. 4000		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	D BY:	(b), and (c).)	- lun		APPROX BETWEEN	ONSET AND DEATH
he death certi he attending temove carbon mation, or ren		IMMEDIAI	DUE TO, OR AS A CON					
death death ove c		Canditians, if any, which	(b)	13E GOETTCE OF			2 1 1 1 1 1 1 1	
W. PRI		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEQUENCE OF				
DS, 201	z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART 10	a)
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VIT Nysici	CER	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	H DAY VEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
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A Party Presented in the party of the party	2	AT WORK NOT WHILE		or received	12	2 16	7 07	
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OR bolkE		22b. SIGNATURE	//	[DEGREE	C MEDICAL STAI	22c. DATE	SIGNED
RAL dete		forut,	1 min	n	PHYSICIAN	DIRECTOR PHYSIC	IAN T	-07
OSP ed b d be	1	220 PHYSICIAN'S NAME (TYPE G			22e ADDRESS			
H of Off		E. KENT CARN						
antill ad	23a B	URIAL, CREMATION, REMOVAL BECKEY BURIAL	23b DATE 4-11-87		METERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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DHMH - 16/60M 7/84	1	INERAL MIRECTOR	acita D ADI	DRESS		R 1 5 1007	256 REGISTRAR'S SIGNAT	

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Andrew Helphitophi

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227 A B379 Pary L. weeke Mirdenest, Va.

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FOR

STATE OF MARYLAND

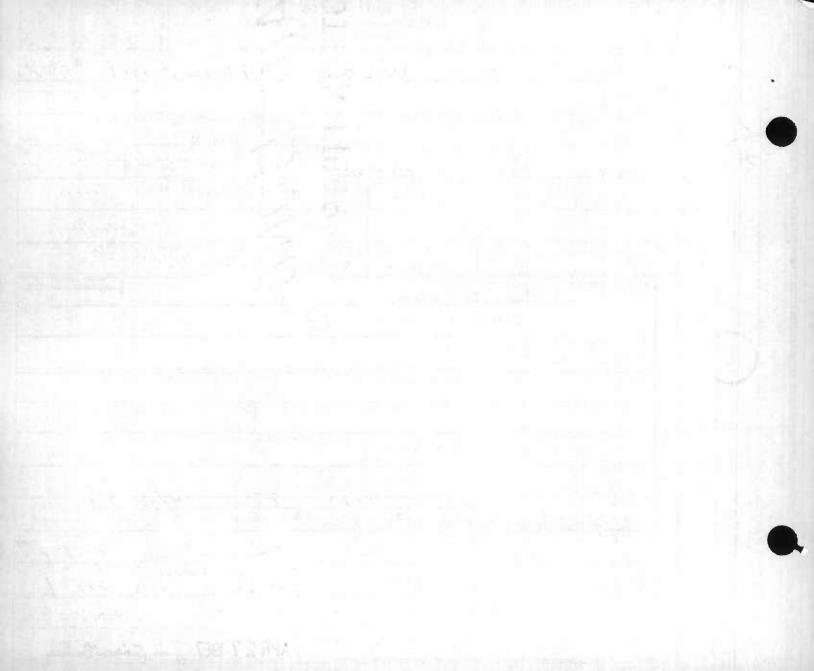
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

4 87	STATE REGISTRAR				CERTIF	ICATE OF DEATH	8 / REG. N	10.	2 5 3	3 1
	OR PRINT)	FIRST		MIDDLE	į.	AST	O. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
		Leroy	San	np	West	, Sr.	April	1 9	1987	1-17
3. SEX	K		4 RACE		5 DATE C		6. AGE (IN YEARS LAST BI	RIHDAY	IF UNDER 1 YEAR	IF UNDER 24 HRS
	Male		White		05	09 1914	72	YRS.	MONTHS DAYS	HOURS MIN
	RTHPLACE (STATE		76. CITIZEN OF	WHAT COUNTRY?	8	Ø	BALTIMORE CITY		OF DEATH	- 1
Be	erlin, Mar	yland	USA		WIDOWE	DIVORCED DIVORCED	Wicomic	00		
10 CI	TY OR TOWN OF	DEATH				ROTHER INSTITUTION .	120 USUAL OCCUPAT			F BUSINESS C
	alisbury			PGHMC			Retired F			
130 S	AL RESIDENCE (#1	13b COU		GIVE RESIDENCE BEFORE		1134 INSIDE CITY LIMITS?	13e STREET ADDRESS	/ ZIP CODE		
Mo	aryland	Wice	omico	Willards		YES NO	Route #1	Box 90)I 218	374
14. FA	THER'S NAME		WIDDLE	1153		15. MOTHER'S MAIDEN NA				
	John		WIDDLE	West	13000	Bertha	WIDDLE		Booth	51
	VAS DECEASED E	ER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT Mrs	Mattie ADR	5Wast	(Wife)	
	es, no or unknown	WW	VE WAR OR DATES)	217-03-5	951	Route #1 Bo	x 901. Willar	ds.Md.	21874	
	LE CALISE OF DE			line for (o), (b), ope						IMATE INTERVAL ONSET AND DEAT
	PART I. DEATI	H WAS CAUSE	D BY:	Time for (o), (b), ob	7	mī			BETWEEN	ONSET AND DEAT
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	Conditions, if		((b)					5 600		
	gove rise to couse (o), st			0.46.4.60.4650.45	NICE OF					
	underlying co		DUE TO, OF	R AS A CONSEQUE	NCE OF					
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CERTIFICATION	IN DATE OF OPE	KATION	176 CONDI	IIION FOR WHICH	OPERATIO	N WAS PERFORMED	_ 1	IN CERTIF	S, WERE FIND II	
E			7 100 7005 0	F IS COLUMN		Tax manufacture	YES NO	YE		NO [
	210. ACCIDENT WAS			M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 P	PART 1 OR PART 2)	
8	(IF EITHER NOTIFY			M	19					
MEDICAL	21d INJURY OCC	URRED	21e PLACE			21f LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
Σ	WHILE NO	WORK	(AT HOME STR	REET, FACTORY, OFFICE, F	ARM, ETC]	SINCE	CITTONIC	70014	COONT	STATE
	220.1 certify that		tol) ottended th	e deceased from	10	-70 10 E	1. 0-	-0	10 FD	11
		eased alive on	8/	9 19	0-	d that in (my) (our) opinion	death accurred as the	ata and have	19 - O - O - O - O - O - O - O - O - O -	thot (II (we) I
	obove, (I) (w	e) (did) (did no	t) view the body	after death.			Seom occorred on me a	ore one nou		
	22b. SIGNATURE		12,0	מדות		DEGREE			22c. DATE	SIGNED
			7/00	1010.	14º	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	4	9-8
	224 PHYSICIAN'S	NAME (TYPE	R PRINT)			22e ADDRESS				
	Kyung	Yoon,	M.D.			P.O. Box 201	8 Emerson	Ive. S	alia. N	18. 218
				1				146. 0	GTTD. L	M. 210
230 B	URIAL, CREMATIC	ON, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	1.10	COUNTY .	▲ STATE
	Burial		4/12/	1481 2b	ringhi	ll Memory Gar				
	INERAL DIRECTOR		1.1.1	D. August 1		250 DAT	R 14 1987	AL REGIST	BAR'S SIGNAT	URE
	Holloway	/ Funer	al Home	, P.A. Sal	lisbury	, Md. Ar	1 4 190/	(same	cordern. Ro	indall

DHMH - 16 60M 7/84 (VRA 15, 4)

Affile Mood stand ... Dot 10. 21807

Service West His



George William Williams Williams	5011/2	-		FOR Med			DEPARTMENT OF	HEALTH	AND ME	NTAL HY	GIENE				
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Salisbury Peninsula General Hospital Fireworks Producer Explosive Newtown Apts. G. 1900 120	RY, PLEADIRECTO	ON STRE				MONTH DAY	YEAR LAST BIRTHD	AY) MONTE			AIN PRON	IOUNCED	10M		4:40
Salisbury Peninsula General Hospital Fireworks Producer Explosive Newtown Apts. G-1000 Market St. / Pocomoke 1200 Market St. / Poc	IEGESSA INERAL FOR YOUR	35	7a. BI	RTHPLACE (ST REIGN COUNTRY) Marylan	rate or		HAT COUNTRY?								H MI
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Second Preston Williams Henrietta Henrietta Williams Henrietta Williams Henrietta Williams Henrietta Williams Henrietta Williams Willia	ANY DE AND 3 TA	Second Second				OR OTHER INSTITUTION, GR	VE RESIDENCE BEFORE ADMISSI	ON)	134 INSIDE CITY	Y LIMITS? 13	10.7	N	ewto	wn Ants	G-3
166 SOCIAL SECURITY NO. 17	H.A.	15/12				WIDDLE	Williams		EIRS	ST	NAME		a	Woolal	100 m
SAME AND CONTRIBUTING CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I DEATH WAS CAUSED BY. MARCHINATE ENTER ON SET AND SET	ALTIMO AFTER D SIVE PAG IH FORM	SOS	16a. W	VAS DECEASEI	D EVER IN U.S. AI						yne				
Second S		ENE, DI		IB CAUSE O PART I DE				eriosc	lerotic	-cardio	vascula	r diseas	e &	BETWEEN C	MATE INTERVAL INSET AND DEATH
Second S	PRESTO ITHIN 24 CIL IN ITI	AL HYGI REMOV			ns, if ony, which	DUE TO, OR									44-1
270. I certify that I look charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my apinion death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4/9/87 EXAMINER'S NAME (TYPE OR PRINT) William M. Zane, M.D. ADDRESS 111 Penn St. 378. BURIAL CREMATION, REMOVAL 23th DATE 23th DATE 23th DATE COUNTY STATE	ZOI W.	Z × Z					AS A CONSEQUENCE	OF	11/						
270. I certify that I look charge of the remains described above, held an Autopsy X. Inspection Inquiry and in my apinion death resulted from: Natural causes X. Accident Suicide Homicide Undetermined manner ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4/9/87 EXAMINER'S NAME (TYPE OR PRINT) William M. Zane, M.D. ADDRESS 111 Penn St. 278. BURIAL CREMATION, REMOVAL 23h DATE 23c. DAME MACKET REMATORY (SECURITY CREMATORY) COUNTY STATE	CORDS CORDS CONG	FIHAN	NO	PARI 2 OTHER SI	GNIFICANT CONDITION	S CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	LINAL OISEASE	OR CONDITION (GIVEN IN PART T	l ta	NO.			
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death resulted from: Natural causes X, Accident D. Suicide D. Homicide D. Undetermined manner D. ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER SIGNED 4/9/87 EXAMINER'S NAME (TYPE OR PRINT) William M. Zane, M.D. ADDRESS 111 Penn St. 136 BURIAL CREMATION, REMOVAL 236 DATE 236. DAM MACAY CREMATORY (SECOND) 136 BURIAL CREMATION, REMOVAL 236 DATE 236. DAM MACAY CREMATORY (SECOND) 137 COUNTY STATE	DIVISION WRITING WRITING WARDED	ATE DEP	MEDI	WHILE	NOT WHILE	STREET FACT					CITY	ORTOWN		COUNTY	STATE
134 BURIAL CREMATION, REMOVAL 236 DATE 236. DAM OF CENTER OF CREMATORY CHYOROWN COUNTY STATE	EXAMINER, TO CERTIFICATE, UILD BE FORM	WARYLAND, 2		death resulte					, Homicid	de ,	Undetermine	ed manner].		2 / 2 7
236 BURIAL, CREMATION, REMOVAL 236 DATE 236. DAME CEMETERY OF CREMATORY 23d LOCATION COUNTY STATE	4 N W =	MORE	/	SIGNATURE	NAME WI	lliam M. Z	Cane, M.D.								9/8/
	07/84 BP.5			JRIAL, CREMA	TION, REMOVAL	^{23b} DATE 4/10/87	23c DelMar.			šřy I	23d LOCATION CITY OF TOWN	wes,	Sus	sex, De	state laware
OHMH-17 (VR A15 ME (5))	25M DHMH	- 17	24. FU	NAME KIRK	Burbag	l08 Williar e B		218	1	APR 1		_ // /			44

